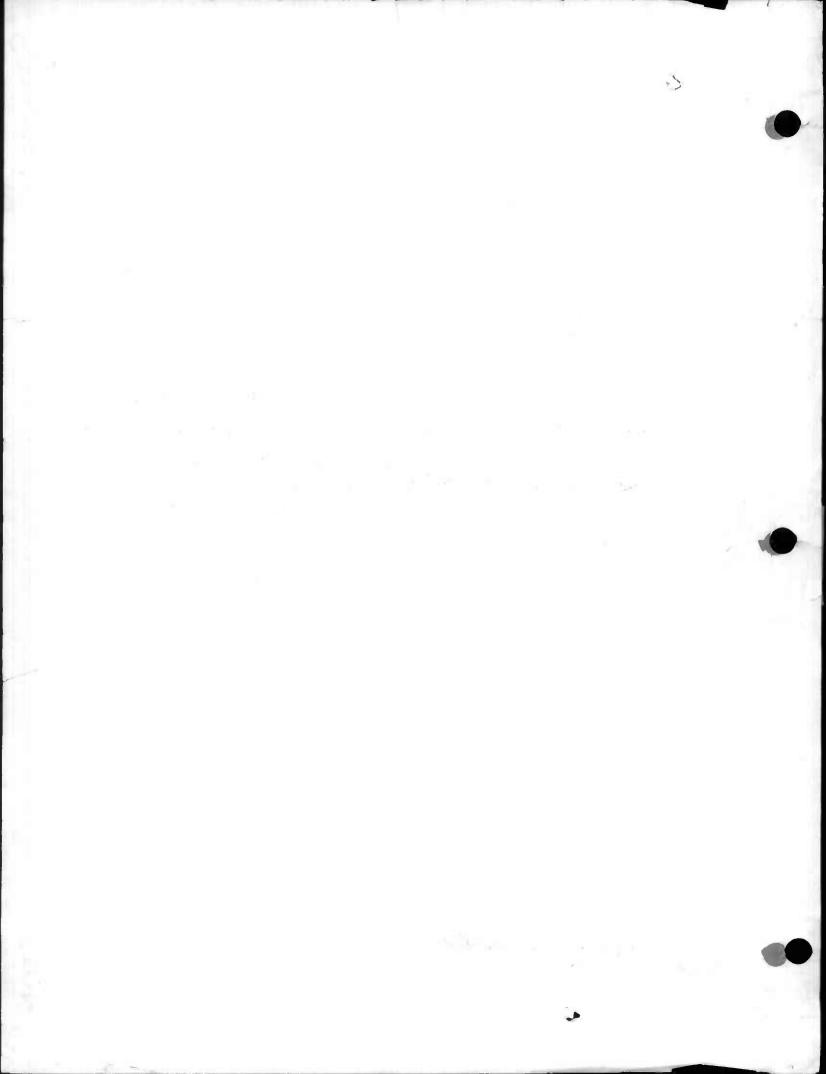
HYSICIAN: The law requires that the death certificate be executed within Flours after death. Page 6 may be retained by the hospital or attending physician.	ther this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	n. or removal.	e medical examiner must be notified at once
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re	IMPORTANT: If here 28 is marked or them 23 shows any injury or other fraumatic event the medical evantines must be notified at once

	ν,				95	10001
	STATE STATE OF MARYLAND / DE	PARTMENT 0	F HEALTH AND	MENTAL HYGIEI	NE	
1		TIFICATE (REG. NO	D.	3. TIME OF DEATH
1	Lila Clast.				2 1995	D
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birth	MONTHS D	AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day Year)	8. Bi	IRTHPLACE (State or Foreign ountry)
	9a. FACILITY NAME (If not institution, give street and number)	RS.		1-25-		ennessee
~	NORTHWEST HUSPITAL CENTER		wn or location of blue dallstow		9c. COUNTY O	timore
1 2	RESIDENCE OF DECEDENT			11	Dal	rimore
DIRECTOR		c. CITY, TOWN OR L		1		10d. INSIDE CITY LIMITS?
	Maryland Baltimore 100. STREET AND NUMBER		Wood 101. ZIP CODE	lawn	10g. CITIZEN (1 TYES 2 X NO
FUNERAL	2000 Kernan Drive		21	207	U	SA
FUN	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO		DECENDENT OF HISPAI		na or No 14. R	RACE — American Indien, Black, White, etc.
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	1 🗆	YES 2 NO Specif	y:	s	White
E	(Specify only highest grade completed) (Give kir	ENT'S USUAL OCCU	PATION or most of working	16b. KIND OF B	USINESS/INDUSTR	
LEI	Elementary/Secondary (0-12) College (1-4 or 5 +) III/e. Do N	NOT use retired.)		11 0	0	
COMPLETED	12 S	ecretar		U.S.	Govern	ment
BE C	Franklin H. Cotten		V 10.	Daisy L	. Shav	er
TO B		and the same of	reet and Number or Rural			
		O / N. 2	3rd Ave.		ocation - City o	
	20a. METHOD OF DISPOSITION 1 □ Burial 2 *** Cremation 3 □ Removal from State 4 □ Donetion 3 □ Other (Specify)	ry or other place) Cremato	ry, Inc.	1/3 B	altimo	
	21. SIGNATURE OF FUNERAL SERVICE LICENSSE	-22. NAI	mation S	CILITY	•	
	George E. MacNabb					, MD 21228
	23. PART I. Enter the diseases, or complications that caused the death, shock, or heart failure. List only one cause on each line.	Do not enter the	mode of dying, suc	ch as cerdlec or res	piratory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition		w (1)			Onset and Death
	resulting in death) DUE TO (OR AA A CONSEQUEN	CCLAO V	1	\		
Z	- metastati	Clar	ast co	round	ma	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	ICE OF):				
FIC	CAUSE (Disease Dr Injury that initiated eventa DUE TO (OR AS A CONSEQUEN	ICE OF):				<u> </u>
	resulting in death) LAST					
L C	PART II. Other significant conditions contributing to death but not resul	Iting in the unde	rlying cause given in	Part I. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL				1 YES	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
				_		1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		86. PLACE OF DEATH (C)	book only one!		
PHYSICIAN:	EXAMINER? 1 VES 2 NO 1 D Montlant 2 ER/Outpetlent 3 D	OTHER:	Home 5 - Residence			
ЭНХ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month Day Year)		L INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	D
ВУ	1 Natural 5 Pending 2 Accident Investigation	M	YES 2 NO			
	3 Suicide S Could not be determined 2se. PLACE OF INJURY — At home, the building, etc. (Specify)	tarm, street, factory,	offica	281. LOCATION (Stree City or Town, Stat		ıral Route Number,
Ē	29e. CERTIFIER		ON ENGINEER OF			
COMPLETED	(Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death of the best					use(e) end manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	MBER	29d, DATE SIG	MED (Month, Day, Year)
TO B	Complete IVI fred	WM	330	0872	► Q	195
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	(Type, Print)	Himpath	10-06-1	oc Ro	and and stone
1	11. LATE FILED (Month, Day, Year) 32. REGISTRAR'S STNAURE	- 100k	march	102h Cam	C1 10	MANUAL SIDML P
(<	IAN 0 3 1995 Jally Dawayar Market		· ·			

DHMH-16 Rev 1/89



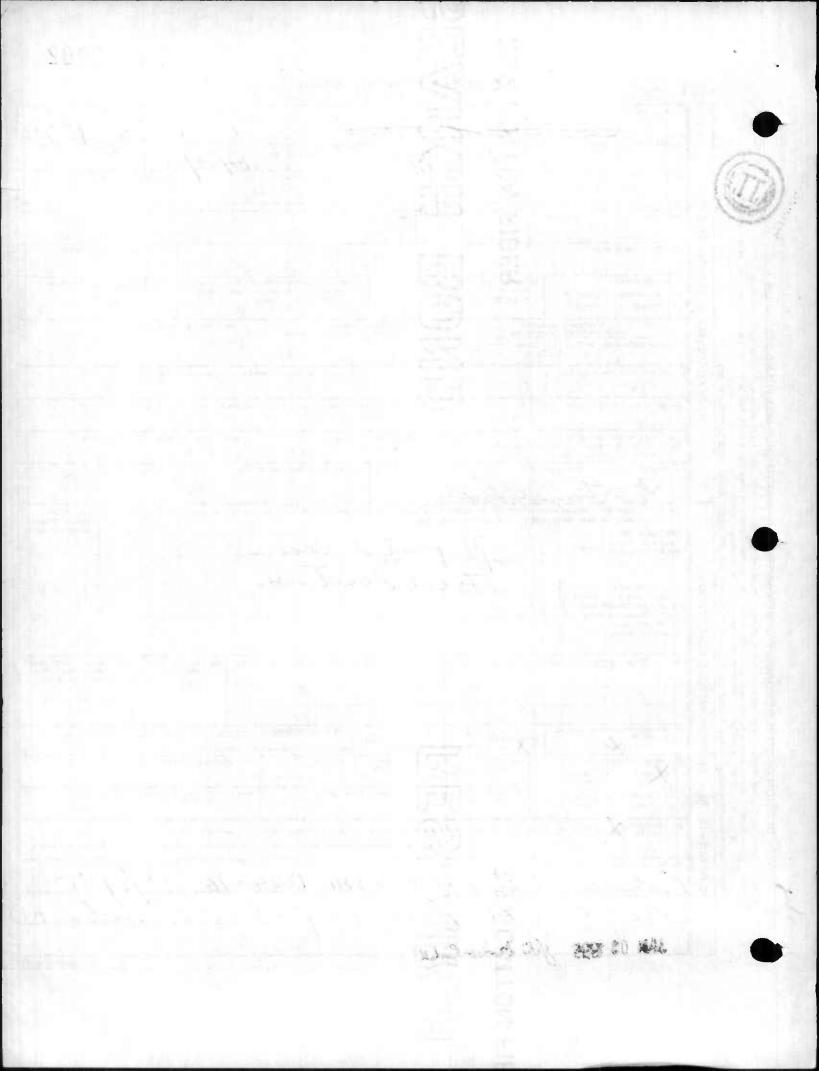
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR					FDADTMENT	
Item#1	Per	F.H.	Filma	G-/19	-0.1/03/	95 R.

1. DECEDENT'S NAME (First, Middle,	ZLIA	AGNE:	SPA	CON		2. DATE	OF DEATH	AY .	95	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 218-03-1579	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR MONTHS DAYS			OF BIRTH	115		YLAND
9a. FACILITY NAME (If not institution,	give street and number)		41115.		OR LOCATION OF		123/		NTY OF DE	
HARBOR HOSP		ER	7	BAL	rimore (TTT Y		N/	A	
10a. STATE 10b. CO		JNDEL	10c. CIT	LINTHI		1				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10s. STREET AND NUMBER				T	IOI. ZIP CODE			10g. CITI	IZEN OF W	HAT COUNTRY?
201 LONGCRO	SS ROAD				21090			U	.S.A	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE		ARMED	13. WAS DE	ECENDENT OF HISP specify Cuben, Mexic ES 2 X NO Spec	ANIC ORIGI an, Puerto lly:	N? (Specify Ye Rican, etc.)	a or No	14. RACE Black Specifi	- American Indien, White, atc.
15. DECEDENT'S (Specify only highest		16a.	DECEDENT'S	USUAL OCCUPAT	FION most of working	16	b. KIND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	À I		work done during reserved.) IAKER			OWN	HOME		
17. FATHER'S NAME (First, Middle, Let EDWARD	NEVILLE	4			16. MOTHER'S N	AME (First,	Middle, Maider		1cCA	IN
19a. INFORMANT'S NAME (Type/Print) CHARLES H			201	ADDRESS (Street LONGCR	oss RO	D, I	iber, City or Tow INTHI	cum, State, Zip	Code) M D	. 21090
20s, METHOD OF DISPOSITION 1\(\) Surial 2 \(\) Cremation 3 \(\) 4 \(\) Donation 5 \(\) Other (Specify)	Removal from State		CEAND DATE	OF DISPOSITION (I	Name of 1/5 EMORIAL	/95 DAT		CATION		
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE									
23. PART I. Enter the diseased shock, or heart fel iMMEDIATE CAUSE (Finel disease or condition resulting in death)	, or complications the	at caused the use on each ii	deeth. Do i	GLEI	N BURNI	E, M chaacar	ARYLA	AND 2	5T09T	Approximate Interval Between
shock, or heart fell iMMEDIATE CAUSE (Fine) disease or condition	a	OTOR AS A CON	SEQUENCE O	GLEN not enter the m	N BURNI	E, M chaacar	ARYLA	AND 2	5T09T	Approximate Interval Between
shock, or heart fel IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO C. DUE TO d.	O OR AS A CON-	SEQUENCE O	GLEN not enter the m	N BURNI node of dying, su Cecu Link	E, M	ARYLA	A N D a	2106L	Approximate Interval Betwee Onset and Dea
shock, or heart fel IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conductions 25. WAS CASE REFERRED TO MEDIC	b. DUE TO d	O (OR AS A CON-	SEQUENCE O	GLEN not enter the m Fi: Personal Control of the co	N BURNI node of dying, su Cecu Link	E, M ch as car	24a, WAS APPERFO	A N D a	2106L	Approximate Interval Betwee Onset and Dea
shock, or heart fel IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2	b. DUE TO c. DUE TO d.	O (OR AS A CON-	SEQUENCE O	GLEN not enter the m Fi: PFi: In the underlyi 26. OTHER:	N BURNI node of dying, su Ceccu Link ing ceuse given i	eh aa car	24a. WAS APERFO	A N D a	2106L	Approximate Interval Between Onset and Deal Onset a
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shock, or heart fel IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 27. MANNER OF DEATN 1 Natural 5 Pending	b. DUE TO c. DUE TO d. HOS PITAL: 1 Destint 2 28e. PLACE building	O (OR AS A CON:	SEQUENCE O SEQUENCE O Tresulting 28b. Time	GLEN not enter the m Fi: Fi: Fi: OTHER: 4 Nursing Ho AE OF 28c. JURY 28c. JURY 28c.	DEURNI COLUMN COLUMN	n Part i.	24a, WAS APERFO 1 YES	A N D a Allorestory and A N D a Allorestory and Allorestory and Allorestory and Number and Number and Number	24b.	Approximate Interval Betwee Onset and Dea
shock, or heart fel IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 TO 27. MANNER OF DEATN 1 Natural 5 Pending 1 Netural 5 Pending 1 Netural 5 Pending 2 Abcident 3 Suicide 8 Could no datarmin 29a. CERTIFIER (Check only)	b. DUE TO c. DUE TO d	O (OR AS A CON: O (OR	SEQUENCE O SEQUENCE O SEQUENCE O Tresuiting 1 3 DOA 20b. TiM (N.	GLEN not enter the m FI: PFI: In the underlyi OTHER: 4 Nursing He AE OF JURY M 1 street, factory, often	DEURNI Dode of dying, su Cecu Linde of dying, su Cecu Linde of dying, su Cecu Linde of dying, su Ing ceuse given i PLACE OF DEATN (Come 5 Residence NJURY AT VORK? VORK? VORK? VORK? VORK?	n Part i.	ARYLF disc or resp 24a, WAS AF PERFO 1 VES or (Specify) SCRIBE NOW CATION (Street or Town, State	A N D a Allorestory and A N D a Allorestory and N D a Allorestory and N D a Allorestory and Number a state of the N D and Number as state of the N D and N	24b.	Approximate Interval Betwee Onset and Des On
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TO THE MOSFITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within — hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fine within 72 hours after death with the State Dept. of Health and Merital Pygline physician for removal. or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR 1 STATE

		REGISTRAR		CERTIFI	CATE O	F DEATH	REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	NY YEA	3. TIME OF DEATH
		Charles M. Fleetw					Jan. 1,	1995	
			XM2□F 79	rs. last birthday) YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) Aug. 9, 19	16 L	IRTHPLACE (State or Foreign ountry) OUISIANA
	OR	90. FACILITY NAME (If not inetitution, give street at North Arundel Med		er		Burnie		Sc. COUNTY C	Arundel
	ן ק	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		40. 0070	TOWN OR LOC				
	DIRECTOR	MD Anne A	Arundel	Oder		ATION			10d. INSIDE CITY LIMITS? 1 SEYES 2 NO
	FUNERAL	100. STREET AND NUMBER 441 Harding Avenu	ıe			21113		10g. CITIZEN (DE WHAT COUNTRY?
	ΒY	1 Never Married 2 S Married F	WAS DECEDENT EVER IN U.S FORCES? 1 TYPES 2 IF YES, GIVE WAR OR DATES WWII	2 NO	If yes,	ECENDENT OF HISPAI apocify Cuban, Moxica ES 2 TNO Specif			ACE — American Indian, Black, White, atc. Specify: White
	8	15. DECEDENT'S EDUCATION (Specify only highest grade comple	N 164	e. DECEDENT'S U	ock done during i	FION most of working	16b, KIND OF BUS	INESS/INDUSTF	ry
	COMPLETED		llege (1-4 or 5+)	ostal	retired.)		Postal	SErv	ice
at once	BE CO	17. FATHER'S NAME (First, Middle, Lest) Charles H. Fleetw	ood .				ME (First, Middle, Malden e Webre	Surneme)	
nouned	TO B	19a. INFORMANT'S NAME (Type/Print) Mary Anne Fleetwo	ood				Route Number, City or Town		
שתפני ספ		20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal fr 4 Donation 5 Other (Specify)	rom State 20b. PL/	ACE AND DATEO	DISPOSITION /	Name of		CATION — City o	r Town State
1		21. SIGNATURE OF FUNERAL SERVICE LICENSES	1//		22. NAME	AND ADDRESS OF FA	CILITY		
		130H 2 (h	1//				neral Hom		
9	\neg	23. PART I. Enter the dispases, or compl	lications that caused the	e desth. Do no	ot anter the n	109ely /	Ave. Anna	DOIIS	MD 21401
, me me		shock, or heart fellure. List of iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	Poly one cause on each	line.	like	Prem	ma		Interval Between Onset and Death
C GVOIII	7	- A	To tendolo	WHENCE OF	Care	Pervanu	le Uses	~0	1200
папша	ATIO	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CO)	INSEQUENCE OF	A	H-A			Sie
or other	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COL	NSEQUENCE OF	:	9			Mele
Š		PART II. Other significant conditions con	ntribution to death but a		Alica constantin		Service I service		0
ally III	EDICAL	TATO II. GUINT GOUNTAIN CONTINUES CO		not resulting (r	the underlyi	ng ceuse given in	Part I. 24e. WAS AN. PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
5	Σ	DID TOD 1 000 HOT 001 TO 101							I TES 2 NO
3	PHYSICIAN:	DID TOBACCO USE CONTRIBU 25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEATH			1 🗆		
	Sici	EXAMINER? HO	SPITAL: Inpetient 2 - ER/Oulpetier		OTHER:				
5	H	- 0	28s. DATE OF INJURY	28b, TIME	OF 26c, II	IJURY AT	6 ☐ Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURE)
OF RE	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	RY V	/ORK? YES 2 NO			
1 20 12 11	8		26e. PLACE OF INJURY — A building, atc. (Specify)	At home, farm, at	reel, fectory, off	Ice	261. LOCATION (Street e City or Town, Stete)	nd Number or Ru	ral Route Number,
11. 11 16911	COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: 2 MEDICAL EXAMINER: On	To the best of my increasing the beets of maninetion and	e, death occurred	at the time, da	te end place, end due death occured at the	to the cause(e) end man	ner ee stated.	se(e) end manner se stated.
MIN	BE C	296. SIGMATURE AND TITLE OF CONTRIBER	1			29c. LICENSE NUM			NED (Month, Day, Year)
ĺ,	B 0	Ellen	1 1000			DLO	094	•	ans
	E	NAME AND ADDRESS OF PERSON WHO COM	U-E CAUSE OF DEATH	(ITEM 27) Type, I	203	Con B	urnip a	14, 20	061
*	-	IAN U 3 1995	HERETA RESE	DE .	7				1

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_		FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF HI		MENTAL HYGIEN	E	
	1	1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE OF DEATH DA	AY/ A YEAR	3. TIME OF DEATH
	ŝ		enguson				1/1/	145	11:22 M
pin	1	4. SOCIAL SECURITY NUMBER 214-14-53/6 A 9a. FACILITY NAME (If not institution, give st	1 D M 2 D F	yrs. last birthday)	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	797 M	ARVLAND
1, 2, 3 should	TOR	SINAI RESIDENCE OF DECEDENT	HOSPITAL		1.00	FLTIMOR		9c, COUNTY OF	DEATH/
permit. Pages 1	DIRECTOR	10a. STATE 10b. COUNTY	N/A	10c. CITY	TOWN OR LOCATION	ON TIMOR	E		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ısı	ERAL	100. STREET AND NUMBER 5/33 CHAIGR	IVE AVEN	UE	101.	ZIP CODE	15		WHAT COUNTRY?
5-0020 nding physician. as the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 NO	If yes, spe-		C ORIGIN? (Specify Yea , Puerto Rican, etc.)	or No- 14. RA	CE — American Indian, ick, White, atc.
21 affe	B	15. DECEDENT'S EDUC (Specify only highest grade		(Give kind of w	USUAL OCCUPATION ork done during most	N t of working	16b. KIND OF BUS		PLACK
Q = 5	PLET	Elementery/Secondary (0-12)	Cotlege (1-4 or 5+)	life. Do NOT use	e retired.)		T. Al I	NOWN	
YLAND by the hospit be detached at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		001	MESTI		IE (First, Middle, Maiden		
	BE C	PINKEY	JC	HNSOI	N	MARY	JANE		
MARYLAND retained by the hospit 5 should be detached notified at once.	2	19a. INFORMANT'S NAME (Type/Print)	0.470.150	19b. MAILING	ADDRESS (Street an	d Number or Rural Re	oute Number, City or Town		
Page of be		20s, METHOD OF DISPOSITION	GHTOWER	PLACE AND DATE O	F DISPOSITION (Nam	ROVE A		MORE, MC	
AOR ge 6 ma irector, p		1 Surial 2 Cremation 3 Semi		iery, cremetory or oth	her place!	15TFRV			S. MD.
BALTIMOR after death. Page 6 m you the funeral director, moval.		21. SIGNATURE OF FUNERAL SERVICE LIC	ensee Pro	D		H. BROWN J	ILITY		IARYLAND 21223
B nours after d in by the or removal		23. PART I. Enter the diseases, pr c	omplications that caused list only one cause on ea	the deeth. Do no	ot enter the mod	e of dying, auch	ea cerdiec or reepi	ratory errest,	Approximate
ted within 24 hou completely filled is cremation. or is cevent, the my		IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Ce		Ede	ma (Brain	Beage	Interval Between Onset and Death
X 68	TION	Sequentielly list conditions, if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF	hord	Hen	onlige		<12hy
certificate ding physique profiber	RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
the death of the attend of Mental Hinjury, or	빙		l						
CORI	EDICAL	PART II. Other significant condition	contributing to deeth but	newww.	96.	ceuse given in F	Pert I. 24a, WAS AN A PERFOR	MED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
> 0	N: M	DID TOBACCO USE CONTR	RIBUTE TO CAUSE OF	DEATH YES	S NO	UNCERTAIN			1 TES 2 MO
E se h e	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	6. PLACE OF DEATH	H (Check only one) OTHER:				
or the	HYS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa		4 🗌 Nursing Home	5 Realdence 6	Other (Specify) 28d. DESCRIBE HOW IN	I III OCCUPED	
CON OPPOSE CONTRACTOR OF CONTRACTOR WITH Is marked,	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1 YE		zou. DESCRIBE NOW IN	JOHT OCCURED	
OF ALLENONS OF ALLENONS THEORY ARE TO SEE THE SEE IN THE	1	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, term, st (y)	reet, factory, office		261. LOCATION (Street a. City or Town, State)	nd Number or Rural	Route Number,
2 2 2	COMP		CIAN: To the best of my knowled: On the basis of examination						(a) and manner sa stated.
TO THE HOSPIT TO THE FUNESA be filed wilthin I	BE	296. SIGNATURE AND TITLE OF CENTIFIER				29c, LICENSE NUMB	SAHDON	29d. DATE SIGNE	ED (Month, Day, Year)
B B 3 €	2	30. NAME AND ADDRESS OF PERSON WHO				4 0 0 5	1 100	1//	/ 7 >
		31. DATE FILED (Month, Day, Year)	32. REGISTBAR'S SIGNA	TURE	BAUTIA	CORE			
		1/1/9.4AN 03	32. REGISTRAR'S SIGNA	volen Rand	all				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be estated by the formation or removal.

Defined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or term 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

permit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTA	MENT OF H	IEALTH AND I	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest) 4. SOCIAL SECURITY NUMBER 115-09-09871 9e. FACILITY NAME (Il not institution, give st	1 🗆 M 2 🔀 F	yrs. lest birthday) IF 93 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	2. DATE OF DEATH MONTH DI ALLUY 7. DATE OF BIRTH (Month, Day, Yolf) 4. JAN 28, 190	AY YEAR S. BIRTI COUR	NNSYLVANTA	
DIRECTOR	PIKESVILLE NURSIN RESIDENCE OF DECEDENT 100. STATE 100. COUNTY NEW YORK		PIKES	/ILLE		BALTI	MORE.		
BY FUNERAL C	104. STREET AND NUMBER 65-60 BOOTH ST. 11. MARITAL STATUS	QUEENS 12. WAS DECEDENT EVER IN U FORCES? 1 VES	S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify Yes	US:	E - American Indian,	
ETED BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade: Elementary/Secondary (0-12)	IF YES, GIVE WAR OR DATE	Ba. DECEDENT'S USI (Give kind of work ille. Do NOT use re	1 TYES	2 NO Specify		Spe	ck, white, etc. city: WHITE	
BE COMPLETED	12 17. FATHER'S NAME (First, Middle, Lest) JACOB	HELFENSTEIN	HOUSEV		_ ANNA	AT F ME (First, Middle, Maiden	Surname)		
Pas. INFORMANT'S NAME (TyperPrint) IPS. HARRIET BURNETT IPS. HARRIET BURNETT 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14211 QUAIL CREEK WAY SPARKS, MD 21152 20c. METHOD OF DISPOSITION 15 Burlet 2 Cremetor 3 **Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of 1 DATE 20c. LOCATION — City or Town, State)									
	4 Donation 5 Other (Specify)	tellum	AR PARK	6010	EVINSON REISTERS	& BROS., INC. STOWN ROAD BALTIMORE, MD 21215			
	23 PART I. Enter the disease, or cahock, or heart reliure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CC	ral 4	henter the mo	m hote	n as cardiac or reapi	ratory srrest,	Approximats intervel Between Onset and Death	
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO					18		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given						b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	ck only one)			
BY PHYSI	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	HOSPITAL: 1 Inpatient 2 ER/Outpatie 28a. DATE OF INJURY (Month, Day, Year)		28c. INJI		8 Other (Specify) 28d. DESCRIBE HOW IF	NJURY OCCURED		
COMPLETED	3 Suicide 4 Homicide 6 Could not be detarmined 29e. CERTIFIER (Check only	28e. PLACE OF INJURY — building, atc. (Specify)				281. LOCATION (Street a City or Town, Stete)		Route Number,	
BE COM		: On the basis of examination er				time, date end place, end	d due to the ceuse(e) and manner as stated. O (Month, Day, Year)	
101		B. BoB	727	1) 20	PISB	Hey	486	-95 Le 2 1208	
	31. DATE FILED (MONTH Day, 1647) 1005	32 PEGISTRANS SIGNATU	Farlall						

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rYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. It is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR TITE AG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNE/ALL DESCRIPTION AND THE FUNE OF THE CONTINUE OF THE FORCE AS BEEN OF USE AS THE BURIEFURD OF THE FUNE OF THE FORCE AS THE PROPERTY OF TH	IMPORTE IT: If the 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DR. JAYANT ANJARIA

IAN 0 3 1995

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 . STATE	STATE OF M	MARYLAND /					MENTAL	. HYGIENE			
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CI	ERTIF	ICATE (OF DEA	TH		REG. NO.			
Ursula M. Hartley							MONTH	OF DEATH	,	YEAR 95	3. TIME OF DEATH
	5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH							20:57P M			
	□ M 2 □√F	67	YRS.	MONTHS DA	-	MIN.	(Month.	Day, Year)	7	Country	y)
9e. FACILITY NAME (If not institution, give street	t and number)	- 07		9b. CITY, TO	WN OR LOCAT	ION OF DI		13,192		NTY OF D	IN, GERMANY
ST. AGNES HOSPITAL				В	ALTIMO	RE					
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY				Y. TOWN OR L		112		1			
154 Date 1 and	BALTIMOR	F	10c. C11	T, TOWN OR L		MODE					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	21101	<u> </u>			BALTI			T	10a CITE	ZEN OF W	1 VES 2 NO
4400 ALAN DRIVE -	APT-B					229			_		
11. MARITAL STATUS 1	2. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS			NIC ORIGIN	? (Specify Yes		14. RACE	- American Indian.
1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1	YES 2 X	10		i, specify Cubi			Ilcan, etc.)		Specif	White, etc.
											WHITE
15. DECEDENT'S EDUCAT (Specify only highest grade co.	mpleted)	(G		WORK done during		ng	16b.	KIND OF BUSI	NESS/IND	USTRY	
Elementary/Secondary (0-12) H/S GRAD	College (1-4 or 5 a)	EMAKI				H	IOMEMAK	TNC		
17. FATHER'S NAME (First, Middle, Last)					18, MOT	HER'S NA		fiddle, Meiden S			
OSKAR B. HERRMANN					EL	SE P	FLEGE	ELTERN			
19e. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS (Str				er, City or Town,		Code)	
MR. WILLIAM E. Har	tley		4400	ALAN I	RIVE -	- AP	Т-В-В	ALTIMO	RE,	MD	21229
20e. METHOD OF DISPOSITION 1 X Buriel 2 □ Cremation 3 □ Remove	I from State	20b. PLACE	ANDDATE	OF DISPOSITION	N/Neme of		DATE	20c. LOC	ATION -	City or Tox	wn, State
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	erro e	BALTII	MORE	NATION	IAL CEN	METEI	RY 1/	5 BAL	TIMO	RE	
W W	71.0			HUBE	ARD FU	JNERA	CILITY AL HO	ME INC			
1. Illas	coles	nav		4107	WILKE	ENS A	AVENU	E-BALT	TMOR	E. M	D 21229
23. PART I. Enter the diseeses or cor shock, or heart fallure. Lis	nplications that t only one cau	t caused the de se on each line	eth. Do r	not enter the	mode of dy	Ing, auc	h se cerdi	lec or reepin	ntory arr	est,	Approximate Interval Between
				Yuca	V 8	201	funa	na-x	7		Onset and Death
resulting in deeth)	CHYOI	VIC 8	ا دی	0 40		124	41.70				- yerrs
_	DOE 10	(OR AS A CONSEC	JUENCE OF	J. Diz	en-s	2	((spr)			
Sequenticity list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF	F):							
cause. Enter UNDERLYING CAUSE (Disease or Injury											1
that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF	F):							
d.											
PART II. Other algnificant conditions of	ontributing to	death but not r	eeulting i	In the underl	ying cause	given in	Part I.	24s. WAS AN A		24b.	WERE AUTOPSY FINDINGS
N/	A							PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE
											OF DEATH?
											7-1357
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			OTHER:	. PLACE OF D	EATH (Chi	eck only one)			
	☐ Inpatient 2 ☐	ER/Outpatient 3		4 - Nursing	lome 5 🗆 Re	sidence					
1 Natural 5 Pending	28e. DATE OF (Month, Da		28b. TIMI INJ	URY	INJURY AT WORK?	- I	28d. DE\$0	CRIBE HOW IN.	JURY OCC	URED	
2 Accident Investigation	28e. PLACE O	F INJURY — At ho	me, ferm. «		YES 2	NO	28t 100*	TION /9mm	d Number	or Promi C	num Mumboo
4 Homicide B Could not be determined	building,	etc. (Specify)	,	July saleston for			City o	TION (Street and Fown, State)	u number	or nurei Hi	oute Number,
29a. CERTIFIER (Check only 1) CERTIFYING PHYSICIA	N: To the best of	my knowledge de	oth occurre	ed at the time	fete and place	and du-	to the ear-	o(a) and =		4	
											and manner so stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	1	\$200		-/-/	29c. LICI	ENSE NUN	ABER .				(Month, Day, Year)
- Dayan 1	VIV.	200	_		D	169	34				95.
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUS	E OF DEATH (ITER	4 27) (Type,	Print)							

- 3100 WYMAN PARK DRIVE - BALTIMORE, MD
32. REGISTRAR'S SIGNATURE

Murley Review.

21211

DIVISION OF VITAL RECORDS, P.O. BOX 68760

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hor	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact	
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR CERTIF	RTMENT OF H	EALTH AND DEATH	MENTAL	HYGIEN REG. NO				
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE (OF DEATH	MY Y	EAR 3.	TIME OF DE	ATH
	Daniel	HUBER			,	Janua		1,1995	1	1:15	A.
	4. SOCIAL SECURITY NUMBER 218-18-9621	11.000	O YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	r. date of (Month, Feb	Day, Year)	1924	Country)	ylan	
NG.	90. FACILITY NAME (If not institution, give str Franklin Squar				ROSSVI1			9c. COUNTY Baltin			
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	0 110001001		<u>'</u>				Darti			
DIRECTO	Md. Ba	1timore	10c. CI1	Y, TOWN OR LOCA	Ess	ex				INSIDE CI LIMITS?	
FUNERAL	10e. STREET AND NUMBER			10	. ZIP CODE			10g. CITIZEI	N OF WHA	T COUNTRY	?
NE	345 Townsend	Road 12. WAS DECEDENT EVER IN U.S	P. ADMED	40 400 050		221			SA		
BY FU	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2		If yes, sp	ecify Cuben, Maxic King NO Special	en, Puerto R	(Specify te lcen, etc.)	s or No.— 14	Black, W Specify:	American in hite, etc. 'hite	
8	15. DECEDENT'S EDUC (Specify only highest grade of	ATION 16	DECEDENT'S (Girm kind of	USUAL OCCUPATION	ON .	16b.	KIND OF BU	SINESS/INDUS		HILLE	
	Elamentary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT u	se retired.)	ist or working						
COMPL	6th		War	ehouse							
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA						
8	Daniel M. Hub 190. INFORMANT'S NAME (Type/Print)	er		4000000		a Spa					
2	Lelia Huber				and Number or Rural					1221	
	20a. METHOD OF DISPOSITION	20h PI	345	OF DISPOSITION (NO	end Roa	Q Ba.		OTE MO			
	1 K Burial 2 Cremation 3 Remo	val from State cemeter	y, crematory or o	ther place)	al 1/4	1					
	21. SIGNATURE OF FUNERAL SERVICE LICE		A		NO ADDRESS OF FA		I Bi	altimo	ore	MD.	
	DR TIME	()	/	Conn	elly F	uner	al Ho	ome o	f Es	sex	
\dashv	23. PART I. Enter the diseeses, or ic	emplications that caused the	a death. Do	300	Maco	Avo	Bal:	timore	bM e	2.1 Approxi	221
	shock, or head tailure L IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)	DUE TO (OR AS A CO	Jeliu	10 a	MAX					interval Onset a	Between
CATION	Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CO									
ERTIF	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEOUENCE O	F):							
DICAL C	PART ii. Other significant conditions	contributing to death but r	not resulting	in the underlyin	g csuse given in	Part i.	24a. WAS AN PERFO	RMEO?	AW/	RE AUTOPSY MLABLE PRIO MPLETION OF DEATH?	OR TO
MEDIC										YES 2] NO
	DID TOBACCO USE CONTR	IBUTE TO CAUSE OF D	DEATH YI	S NO	UNCERTAI	N 🗆					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☐-NO	26.1 HOSPITAL: 1 Inpatient 2 ER/Outpatie		OTHER;		4 Cl au	40.				
Ä	27. MANNER OF DEATH	26e. OATE OF INJURY	28b. TIN		URY AT			INJURY OCCUP	RED	-	
	1 Netural 5 Pending	(Month, Day, Year)	IN.	JURY WO	PRK?						
тер ву	2 Accident investigation 3 Suicide 6 Could not be detarmined	26a. PLACE OF INJURY — Abuilding, atc. (Specify)	At home, farm,	atreet, factory, offic	•		TION (Street Town, State	end Number or	Rural Route	Number,	
COMPLET		HAN: To the best of my knowledg									
8		: On the basis of examination en	d/or investigation	on, in my opinion, d	eath occured at the	time, deta	ind place, si				
E C	SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	59C	5	29d. DATE S	B/ T	nth, Clay, Mus)	a
7	36 JAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type	, Print)				1	12		
٦	IAN 0 3 1995 July	32. REGISTRAR'S SIGNATUR	RE			_					
	JAN UU 1333 YW	a audust of harda	U.								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 15 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FLACENCE AND EXECUTE AND THE CONTROL OF THE ALGORITHM OF A STEED OF THE ADMINISTRATE AND THE AND THE AND THE AND THE AND THE ADMINISTRATE AND THE ADM BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE

	HEGISTHAR				CERTIF	ICALI	E OF	DEA	I H	F	REG. NO.			
	1. DECEDENT'S NAME (First,	, Middle, Last)	Bernice	На	rtman					2. DATE OF MONTH Janual	DV	199	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yra	s. last birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF	BIRTH	133		IPLACE (State or Foreign
	216 42 868	37	1 □ M 2 🔽 F	50	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	ly. Year)		Counti	y)
	9e. FACILITY NAME (If not in		24			-				June 1	[5,]			yland
~								OR LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATH
DIRECTOR	4220 Mor		Court			Ba1	.timo	ore				===		:=
5	RESIDENCE OF DEC													
2	10a. STATE	10b. COUNTY			10c, CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
ا ۃ	Maryland	===	===		Ba	1tim	ore						J	1X YES 2 □ NO
ا پر	10a. STREET AND NUMBER						101	I. ZIP CODI	E			10a, CIT	IZEN OF Y	WHAT COUNTRY?
<u> </u>	4220 Morr	ison C	ourt.					212	26				J.S.A	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT											
	1 Never Married 2	Married	FORCES? 1			13.	WAS DEC	ENDENT C	of HISPANI n. Mexican	IC ORIGIN? (S	pecify Year, etc.)	or No-	14. RACE Black	E — American Indian, k, Whita, atc.
à l	3 Widowed 4 Divo		IF YES, GIVE W					2 NO	Specify:		,,		Speci	
	21													White
ETED	15. DEC (Specify only	EDENT'S EDUC highest grade	completed)	16a	Give kind of title. Do NOT ut	USUAL O	CCUPATIO	ON Ist of workin	10	16b. KJN	D OF BUS	INESS/INC	JUSTRY	
Ш	Elementary/Secondary (0	-12)	College (1-4 or 5+											
4					Court	Cler	k			St	ate	Gove	rnme	nt
COMPL	17. FATHER'S NAME (First, M.	iddle, Last)						18. MOTH	HER'S NAM	AE (First, Middl	e, Meiden	Sumame)		
ш		C	harles (Cascio					Est	elle M	í. Ma	lino	weki	
ω	19e. INFORMANT'S NAME (7)					ADDRESS	C /Ctmat o	and Alumbas		oute Number, (
일	David W.		n	- 1	1505 H									21226
ŀ	20s. METHOD OF DISPOSITI		11						Dd	1timo				
	1 1 Burlel 2 ☐ Crematio	n 3 🗆 Remo	oval from State	cemetery.	CE AND DATE	ther place)				OATE	20c. LO	CATION —	City or To	wn, State
- 1	4 Donation 5 Other			Ho1	y Rosa	ry C				1/4	Ba1	timo	re,	Maryland
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	1		22.	NAME A	ND ADORES	SS OF FAC	YTLIE			-	
- 1	D(.1/	, Va	. 6. 100	lon	10					e Fun				
-	22 DART I Serve the di	cou	ce y	Je 1		40	001	Ritch	nie H	lwy.	Balt:	more	Mc Mc	1. 21225
	23. PART i. Enter the di shock, or he	ert fallure.	List only one caus	se on each	line.	ot enter	tne mo	ae or ayı	ng, such	aa cardiac	or reapi	ratory an	eat,	Approximate Interval Between
ı	IMMEDIATE CAUSE (Fin	ei	0	1	4				Λ			0		Onset and Death
	disease or condition resulting in death)	→	· De	tast	rile	Som	-cll)	600	X Ca	escin	18-	14	~	19 morte
	0.0000000000000000000000000000000000000		DUE TO	OR AS A CON	SEQUENCE O	ŋ:					1.	. *	-	1.000
z				\ M	d 51	CIL	11	1NG		Live	- A	2/10	too	.
CERTIFICATION	Sequentially list conditi if any, leading to immed		OUE TO (OR AS A CON	SEQUENCE OF	7:	,	,,,,			, , ,	o was	(Section)	
3	cause. Enter UNDERLYI	NG												
<u> </u>	CAUSE (Diseese or inju	n,	DUE TO (OR AS A CON	SEQUENCE OF	7:								
Ē	resulting in death) LAS	r .												
5														
- 11	PART II. Other aignifice	nt condition	a contributing to	deeth but no	ot resulting i	n the un	derlying	ceuse g	iven in F	Part I. 24s	. WAS AN		24b.	WERE AUTOPSY FINDINGS
DICAL	Coerstur	1 Om	soulce L	a Com	nat d		10				PERFOR	4.1	- 22	AVAILABLE PRIOR TO COMPLETION OF CAUSE
9			5 7 007 11	1	A UI VI	~~~	70			— [10	YES 2	NO		OF DEATH?
Σ	DID TODA COO ::	CF CO:	ALBAL MARKET AND									•	İ	1 TES Z NO
ž I	DID TOBACCO U		RIBUTE TO CAL			_		UNC	ERTAIN					,
PHISICIAN: M	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	26. P	LACE OF OEAT									
2	1 TYES 2 NO		1 Inpatient 2	ER/Outpatient	3 DOA	OTHER		. 5 R.	eldence 6	Other (Sp	ecity)			
=	27. MANNER OF DEATH		26e. DATE OF I		28b. TIM	E OF URY	28c. INJ	URY AT		28d. DESCRIE	BE HOW IN	JURY OC	CUREO	
		Pending nvestigation	(Month, Da	y, roury	143	M		ES 2	NO					
\$J	↑ □ • · · · · · · · ·	Could not be	28e. PLACE OF	INJURY - A	t home, ferm, a	treet, fact	ory, office			28f. LOCATIO	N (Street e.	nd Number	or Rural R	loute Number
Y		determined	building, a	itc. (Specify)						City or To	wn, State)			
4	290. CERTIFIER													
1	(Check only		CIAN: To the beet of r											
§	MEDI-	CAL EXAMINE	R: On the beele of ex	emination end	/or Investigatio	n, in my o	pinion, d	eath occur	ed at the ti	ime, date and	place, end	dua to th	e cause(e)) end manner ee stated.
	250 SHATUME AND TITLE	OF CERTIFIER	01/	2 . 1	/			29c. LICE	NICE NUME	BER	T	29d DATE	galagies.	gMonth? Day, Year)
9 1	1/1100	11	11/	271	1111	10	- 1	1	171	1	フー	•	1/4	160
- 1	30, NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE	E O DEATH (TEM 27) (Type,	Prints	_	-4	2/	131	2		1	11
	3001 54	and van	ST R.	74,	a hal	210		10	4 Jse	1100,6	JE L	469/	101	
ŀ	31. DATE FILED (Month, Day)	Hart .	32. REGISTRAR	T SHOWATTON	1 4	4/	45							
Ī	- Development and the second of the second	nr /	The state of the s											
	1AN 0 3 199	15 /2	hi d'évoles	Kardall										

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours the death. Page 5 should be detached for use as the burist-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest) BERNICE			HAL		MONT	E OF DEATH	AY 1	YEAR .	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217 48 9615 9e. FACILITY NAME (if not institution, give	1 D M 2 F 8	6 YRS. MC	HUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mon	N 02 OF BIRTH th, Day, Year) /18/1	908	BIRTHPL/ Country) M(
TOR	1106 EDMONDSC				nore Ci			9c. COUNT	/ OF DEAT	Н
DIRECTOR	10a. STATE 10b. COUNT	Υ		own on Locat					-	d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 1106 Edmondson	Avenue	· · · · · · · · · · · · · · · · · · ·		ZIP CODE 21223					T COUNTRY?
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 / N O	If yes, spe	ENDENT OF HISPA city Cuben, Mexico 2 NO Specif	an, Puerto	N? (Specify Yes Rican, etc.)	or No — 14	Spacify:	American Indian, hita, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	JCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in Housewi	k done during mos stired.)	N at of working	161	b, KIND OF BU	SINESS/INDUS		
BE COM	17. FATHER'S NAME (First, Middle, Last) Clarence Campb	ell				a R	ichar	dson		
5	19a. INFORMANT'S NAME (Type/Print) Eunice Crox		1100	Bolto	nd Number or Rurel n St. E					
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Ren 4 Donation 6 Other (Specify)		PLACE AND DATE OF E	remate	ory	DAT		cation — cit ltimo		
	21. SIGNATURE OF FUNERAL SERVICE U	a. Wort	on	Jame: 1701	ADDRESS OF FA	rto s S	t. Ba	lto.,	Md	. 21217
	23. PART / Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final	complications that caused List only one cause on ea	the deeth. Do not sch line.	enter the mod	de of dyling, suc	h aa can	diac or respi	ratory arres	t,	Approximata Interval Between Onset and Death
	disease or condition resulting in death)	a. ATHORNSO	CONSEQUENCE OF):	Dediov	Asuupr	DIS	4034			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):							
CAL	PART II. Other eignificent condition	ns contributing to deeth bu	ut not resulting in t	he underlying	ceuse given in	Part i.	24a. WAS AN PERFOR	MED?	AVA COI OF	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDI	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL				UNCERTAI	N□	Inspec	non	1	YES 2 NO
YSICI	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpe		THER:	5 👽 Residence	6 🗆 Othe	er (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	Y WOI	IRY AT AK? ES 2 NO	28d. DE:	SCRIBE HOW II	YJURY OCCUP	IED	
	3 Suicide 6 Could not be 4 Homicide datarmined	26s. PLACE OF INJURY building, etc. (Specia	— At home, farm, streety)	et, factory, office		26t, LOC City	CATION (Street a or Town, State)	nd Number or	Rural Route	Number,
COMPLETED		ICIAN: To the best of my knowle							ause(e) en	d menner se stated.
BEC	29b. SIGMATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI	MBER		29d. DATE S	IGNED (Mo	nth, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WH	10 COMPLETED CAUSE OF DEA	TH (ITEM 27) (Tona Dal	nt)	0.C.	М.Е.		JA	N 02	, 1995
	JARLE FILED (MONTH, Day, Year)	22. REGISTRAR'S SIGNA	Penn S		Balti	more	e, Ma	cylan	d 21	201.
	MAN 0 3 1995	Jalia Student	ardall							

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	ITEM: 1. PER F.H. FIL	M G-719 1/	3/95 t.t								9	5 (0000
	1 - FOR STATE REGISTRAR	STATE OF M		/ DEPAR						HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)	TEDECA MAD	TA MONTH	c			DEA		2. DATE OF				3. TIME OF DEATH
	Teresa Mari	O Monius	IA MUNIO.	3					MONTH	DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	lant bloth day	IF UNDE		IF UNDER		Januar 7. DATE OF			1995	
	218-54-4530	1 M 2 X F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept.	BIRTH	1010	B. BIRTHI Country	PLACE (State or Foreign
			02	THS.						23,	1912	Ma	iryland
~	9a. FACILITY NAME (If not institution, give st					Y, TOWN O			EATH			NTY OF DE	
Ö	Charlestown Retir	ement Ce	enter		Ca	atons	svill	e			Ba	lltim	ore
ទួ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			40. 00		OR LOCAT							
DIRECTOR	Maryland												10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER			Ba	1 7 1 111	ore							IXX YES 2 NO
FUNERAL							ZIP CODI						HAT COUNTRY?
Ä	4007 Hamilton Ave						2120	6			U	.S.A.	
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	TEVER IN U.S. A	ARMED	13.	WAS DECI	ENDENT C	F HISPAN	IIC ORIGIN? (S	Specify Yes	or No-	14. RACE	- American Indian, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES				in, accep	- !	Speath	
													White
H	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. C	DECEDENT'S (Give kind of a life. Do NOT us	WORK done	during mos	N si of workin	ng	16b, KII	ND OF BUS	SINESS/INC	DUSTRY	
Щ.	Elementary/Secondary (0-12)	College (1-4 or 5 d	+) "										
M	12 yr's			Hou	sewi	te				wn H	ome		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								ME (First, Midd				
BE		oseph		pmann			_	ary		athe			.oll
TO E	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street ar	nd Number	or Rural F	Poute Number,	City or Tow	n, State, Zip	Code)	
-	Mr. George F. Mor	<u>iius,Jr.</u>		360	6 Ha	11mai	rk C	t.	Baltim	ore,	Md.	2123	4
	206_ METHOD OF DISPOSITION 1 OF Burtal 2 Gremation 3 Removal from State 4 Donation 5 Other (Specify) 206_ PLACE AND DATE OF DISPOSITION (Name of cemetery, grematory or other place) HOLY Redeemer Cem. 1/5/95 Baltimo										City or Tow	rn, State	
	4 Donation 5 Other (Specify)	ver nom suie	_ cemetery, c	Holly	Rede	emer	Cem	. 1	/5/95	Ba	1time	ore, M	ld.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGEE			22.	NAME AN	D ADDRES	S OF FAC	CILITY			, ,	
	D 42.0911	+1	0-						uck,]				
_	23. PART I. Enter the diseases, or o	ampleotion to	W	1		5305	Har	tord	Road	Bal	timo	re, M	ld. 21214
	ahock, or heart failure. I	ist only one cau	se on each lir	ne.	iot entei	the mod	on or dy	ng, suci	h aa cardiac	or reapi	ratory an	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Final	00	0010	0	00	0.0	C-	1	0 -				Onset and Death
	disease or condition resulting in death)	CM	CUIN		NK	16	> /		JUUG	1 TN	11/1	7	IMMED
- 1		DHE TO	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions,	CO	ROMA	14	141	47 E	24	DI	SEA	55			YEARS
Ĕ	If any, leading to immediate	DUE TO	(OR AS A CONS	EOUENCE DI	F):								
5	CAUSE (Disease or Injury												
CERTIFICATION	that initiated events	DUE TO	(DR AS A CONS	EOUENCE OF	F):								
EH	resulting in death) LAST	J											
	PART II. Other algorificant conditions	contributing to	death but not	resulting	n the u	derlylna	COURS	duen le	Port I Tou	. WAS AN	ALFTONOV	100	
3	URINA								24	PERFOR			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ā	UNIVV		N.C.	110	7		6/1		_ 11	YES 2	700		COMPLETION OF CAUSE OF DEATH?
Σ													1 YES 2 NO
Z	DID TOBACCO USE CONTR	IBUTE TO CA					UNC	ERTAIN	1 🗆				
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PL/	ACE OF DEAT	OTHE!								
YS	1 VES 2 TATO	1 🗆 Inpatient 2 🗆	ER/Outpatient	3 🗆 DOA			6 🗆 Re	sidence	6 - Other (Sp	pecify)			
BY PHYSICIAN: MEDICAL	27. MANNER OF DEATH	26e. DATE OF (Month, Di	INJURY ny, Year)	26b. TIM INJ	E OF URY	28c. INJU			2ad. DESCRI	BE HOW II	NJURY OCC	CURED	
≥	Pending Accident Investigation				М		ES 2	NO					
	3 Suicide 6 Could not be	26a. PLACE Of building.	F INJURY At I	nome, farm, a	treef, fec	lory, office	, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						ute Number,
	4 Homicide determined		1-1-00-11						Only Or 10	mii, state)			
COMPLETED	29a. CERTIFIER (Check only DERTIFYING PHYSIC	IAN: To the best of	my knowledge o	leath occurre	d at the t	lme dete	and elec-	and due	In the council) and mo-	mar 60 ml-1	ad.	
N N	(Check only one) 2 MEDICAL EXAMINER												and manner as stated
										prover and			
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. J.										Month, Day, Year)			

31. DATE FILED (Month, Day, Year)

JAN 03 1995

32. REGISTRAR'S SIGNATURE

30. NAME AND AGORESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CATINGSVILLE

MAIDEN CHUICE LANG

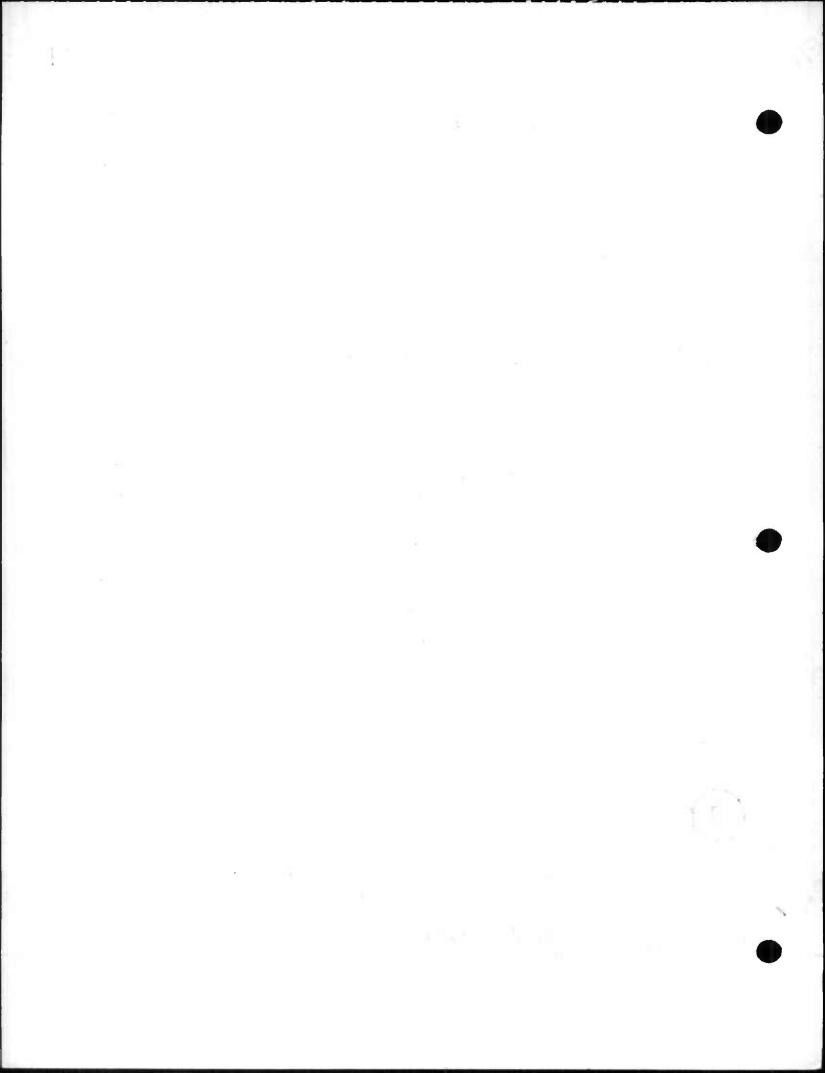
MAN OF REAL PROPERTY.

			1. DECEOENT'S NAME (First,	Middle, Last)								- 1	2. DATE OF	DEATH		YEAR	3. TIME OF DEATH
			Linkian		1.	MA	77	Hei	US			_	-	UARY	- 6	95	753 AM
			4. SOCIAL SECURITY NUMBER 219-42-176			6. AGE (In			ONTHS	YEAR DAYS	IF UNDER	24 MDC 2	DATE OF	DIDTH		8. BIRTH Countr	IPLACE (State or Foreign
	P				☐ M 2※ F	90		YRS.						15,19			vland
	3 sho	۳ ا	9a. FACILITY NAME (If not ins					ľ	ю. CITY,		or Location Baltir		Н		9c. COU	NTY OF D	EATH
	1, 2	5	RESIDENCE OF DEC														
	it. Pages	DIRECTOR	Maryland	Ba]	ltimore			10c. CITY,			nsvil.	le					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should notified at once.	FUNERAL	219 Prestor	Court	Apt.	D				10	r. ZIP CODE				10g. CITI		WHAT COUNTRY?
0	sician ial-tra	S	11. MARITAL STATUS		2. WAS DECEDENT FORCES? 1 [13. W	AS DE	CENDENT O	F HISPANIC	ORIGIN?	Specify Yea	or No.—	14. RACE	E — American Indian,
MARYLAND 21215-0020	retained by the hospital or attending physician. 5 should be detached for use as the burial-tran notified at once.	ВУ	1 Never Married 2 1 i		IF YES, GIVE WA						pecify Cubar S 2 12 NO		PUBITO HIC	an, arc.)	_	Speci	
121	use a	TED	15. DECE (Specify only	DENT'S EDUCAT	TION mpleted)	1	(Give	EDENT'S U	rk done du	CUPATI uring me	ON ost of working	9	16b. K	IND OF BUS	INESS/INC	USTRY	
D 21	spital or ned for	COMPLET	Elementary/Secondary (0-	12)	College (1-4 or 5+)			louse		e				Ow	n Hoi	ne	
A	by the hos be detach at once.	Š	17. FATHER'S NAME (First, Mic											dle, Maiden			
3⊀L	d be	BE (Raymond Van								Rose	e Gil	lesp.	ie			
MAR	All I	10	Betty Gille		Daughter)	19b. 21	MAILING A	ooness rsto	(Street o	and Number Court	or Rural Rou Apt.	D (City or Town	svil.	code) Le Mi	aryland
BALTIMORE,	nours after death. Page 6 may be d in by the funeral director, page or removal. medical examiner must be in		20a. METHOD OF DISPOSITION 1 Description Method Comment Comm	n 3 🗆 Ramova	I from Stata	cemete	LACE AN	ID DATE OF	DISPOSIT	rion (N			OATE	20c. LOC	CATION —	City or To	wn, Stata
Σ	Page al dire		21. SIGNATURE OF EUNERAL		SEE /		IIav	/II Ce	22. N	AME A	ND ADDRES	S OF FACIL	ITY				rylasnd
BALT	er death. the funer val. il exam		K.C	10,	WITH	le :	1		16	30	Edmor	ndson	Ave	nue C	aton	svil	ral Homes le Maryland
	in the		23. PART i. Enter the dis shock, or he	ert fellure. Lis	nplicetions that it only one caus	ceueed to	he dee	th. Do no	enter t	he mo	ode of dyli	ng, such s	s cerdia	c or reepli	retory arr	est,	Approximete Interval Between
	Pe or		IMMEDIATE CAUSE (Findisesse or condition	al		<i>V</i>		D		1	1	. 0					Onset and Death
0	completely fille rial, cremation, c event, the		resulting in death)	→ s	OUE TO (19 es	DNSFOL	ENCE OF	lear	er	Ja	ilun		-			5 y way
68760	executed with and complete o burial, crem matic event.	_		D.		hic			hen		0						5
9 ×	ite be executed ysician and con prior to burial, traumatic en	CERTIFICATION	Sequentially list condition if any, leading to immed	one, liate		OR AS A C	ONSEOU		10.0	0.0		_	-				Jeans
ВОХ	cate b physici e prio er tra	S	Cause. Enter UNDERLYIT CAUSE (Diseese or Injur		Chr	OR AS A C		15t1	اں ما	NIV	- 1.	lm	010	m of	ساد	~	5 y cons
P.O.	death certificate attending physicental Hygiene pri	E	that initiated evente resulting in deeth) LAST		0						1			1			17.1
C,	he death certificate be in the attending physician Mental Hygiene prior to ilury, or other traun			d	·	wmo											1 Week
ECORDS,	that the day and had	MEDICAL	PART ii. Other significer	it conditions o	contributing to c	death but	not re	sulting In	the und	lerlyin	g ceuse g	iven in Pa		PERFORE	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
E	requires tha een signed of Health a	ME															OF DEATH? 1 ☐ YES 2 NO
	SICIAN: The law requirection of the State Dept. of the State Dept. of them 23 should be seen as a should b	ÿ	DID TOBACCO US		BUTE TO CAL		_					ERTAIN	Ø				
VITA	State Distern	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	Н	IOSPITAL:			OF DEATH	THER								
У Т	certification the S	HYS	1 VES 2 NO	12	Inpetiant 2 28s. DATE OF I			DOA 4			JURY AT			Specify)	HIBY OC	TIREO	
4 OF	ter this cath with	Y P		Pending nvestigation	(Month, Day		Ì	INJUF	M	WC	ORK? YES 2		ou. DEGO	NDE HOW IN	JOH! OCK	ONED	
DIVISION	ATTENDING PHYSICIAN: The	2	3 Suicida 8 C	Could not be	28a. PLACE OF	INJURY — tc. (Specify)	At home	, farm, atra	af, factor	ry, offic	28	2	8t. LOCATI	ON (Street as Town, State)	nd Number	or Rural F	loute Number,
VIS		E N	4 Homicide d	etarmined									City Or	iown, steller			
۵	HOSPITAL ON FUNERAL BANTERS TANKE	2			N: To the best of n) and manner as stated.
	FUNERAL WITHER STANTE	8	29b. SIGNATURE AND TITLE							-		NSE NUMBE					(Month, Day, Year)
	TO THE HOSP TO THE FUNE De filed within	TO BE	ROJ	Mobi	٠, ١	J. 0	•					189					2/95
		F	30. NAME AND ADDRESS OF ROY HABIS	PERSON WHO C	SA NT	A GN	I (ITEM	(Type, P	9"/TA	L		CA	TO N				INORE
			31. DATE FILEO (Month, Day, N		324 REGISTRAR	S GENATI	12		-								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

IAN 0 3 1995



REG. NO

2. DATE OF DEATH

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HF 184-32-1597 51 1 🖎 M 2 🗌 F YRS. Pages 1, 2, 3 should 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DIRECTOR Howard County General Hospital Columbia RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Howard Maryland Ellicott City permit. 101. ZIP CODE 21 C 10e. STREET AND NUMBER FUNERAL 2910 Fox Fire Court signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit Health and Mental Hygiene prior to bunial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HIS BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Ma IF YES, GIVE WAR OR DATES 1 YES 2 NO ВУ 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) Grants Management Supervisor 4 once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S Francis McKeown Ħ Anne BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Ru 2 Nancy S. McKeown (Spouse) 2910 Fox Fire Court e 20a. METHOD OF DISPOSITION 1 ☆ Burlel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must 1 St Burial 2 Cremation 3 4 Donation 5 Other (Specify) cemetery, cremetory or other place, Crestlawn Cemetery 01-0 the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF Leroy M & Ru 10 10. 1630 Edmonds 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finsi disesse or condition hetastatic prostate resulting in dasth) event, VISION OF VITAL RECORDS, P.O. BOX 68760, NITENDING PHYSICIAN: The law requires that the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF). traumatic CERTIFICATION Seguantially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, issding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST any Injury, PART II. Other significant conditions contributing to dasth but not resulting in the underlying cause given MEDICAL Shows has been s Dept. of P n 23 shov PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO I UNCERTA 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h with the State [HOSPITAL: OTHER:
4 | Nursing Home 5 | Residen 1 TES 2 NO 1) Cinpetient 2 - ER/Outpetient 3 - DOA 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28 is marked, 1 Natural 5 Pending 1 YES 2 NO В After 2 Accident Investigation 3 Suicide 26s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) : Funeral Directoĥ: A I within 72 hours effer di RTANT: II item 28 is 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, danth occurred at TO THE HISPATION TO THE FUNERA DE filed within 72 IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER

m)

32 REGISTRAR'S

Howard

30. NAME AND ADDRESS OF ERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Death wedicine . Howard Count

منے الع

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

G.

Mckeown

1 -

BE

2

UB, Iching m-

0 3 1995

31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

95 00012

3. TIME OF DEATH

		1	2	C	75	3:15 P. M
A S	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mon	OF BIRTH		6. BIRTI Count	IPLACE (State or Foreign
	THE STATE OF THE S	Jan		943	New	Jersey
	r location of di Lumbia	EATH		200,000	INTY OF D	
.0.	LUMBIA				Howa:	rd
CAT	ION					10d, INSIDE CITY
tt	t City					LIMITS?
	ZIP CODE			tog. CIT	IZEN OF V	WHAT COUNTRY?
	2104	2				S.A.
DECE	ENDENT OF HISPAN	IIC ORIGI	N? (Specify Yes	or No-	14. RACI Blac	E — American Indian, k, White, atc.
	2X NO Specify		,		Spec	
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mod	ds of dying, suc	h as car	disc or respi	iratory ar	rest,	Approximats Interval Between
h	L Ca	nce	~			Onset and Dasth
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						ļ <i>v</i>
ring	csuse given in	Part i.	24a. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
			PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						1 TES 2 NO
	UNCERTAIN	1 D				
ne)						
lome	5 🗆 Residence	6 🗆 Othe	r (Specify)			
INJL WOF		28d. DE	SCRIBE HOW I	NJURY OC	CURED	
ffica		28f. LOC	ATION (Street in	and Number	r or Rural F	Route Number,
_						
	and place, and due of the) and manner as stated.
T	29c. LICENSE NUM			29d. DAT	E SIGNED	(Month, Day, Year)
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4	en Hosp	t.	e.	Col	nub	•



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Item#17 Per F.H. Film# G-719 01/03/95 R.M.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
· V	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH NOWTH 2. DATE OF DEATH 3. TIME OF DEATH
- 9	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
1	107-03-6829 1 M 2 = 80 YRS. MONTHS DAYS HOURS MIN. DEC. 5.1914 N.V.
œ	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
CTO	NORTHWEST MEDICAL CENTER KANDALLSTOWN BALTIMORE
DIRECTOR	106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 106. CITY TOWN OR LOCATION 106. INSIDE CITY LIMITS? 1X YES 2 \(\square \) NO
	N • N • A GARA NI A GARA FALLS 1 YES 2 □ NO 100. STREET AND NUMBER 101. ZIP CODE 100. CITIZEN OF WHAT COUNTRY?
FUNERAL	2950 PORTER KD. 14305 U.S.A.
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Merried 2 Merried 1 FYES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No—Black, White, etc.) 1 Yes, specify Cuben, was very purior Ricen, stc.) 1 Yes, specify: 1 Yes
D BY	3 Wildowed 4 Divorced
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)
MPL	12 PRINTER DUSINESS FORM MANU.
	17. FATHER'S NAME (First, Middle, Last) FRANKLIN J. NEWMAN 18. MOTHER'S NAME (First, Middle, Meiden Surmeme) FTMG/ NEWMAN
TO BE	196. INFORMANT'S NAME (Upe/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
F	RUTH FAHRMEIER 2090 RT. 94 WOODBINE, MD. 21797
	20e.,METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) MEMORIA PARK CEM. 20c. LOCATION - City or Town, State LEW 15 To N. N.Y.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BACTO., MD. 21224
	Thomas J. Akrida A. SKARDAF. H. 2829 HUDSON ST
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch es cerdiec or respiratory arrest, ehock, or heert feliure. List only one cause on each line. Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Resultation Failure Acute Onset end Death
ľ	out to joh as a consequence or:
NOI	Sequentially liet conditions, Due to contast a consistency of
CAT	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury
CERTIFICATION	thet initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST
	PART II Other significant conditions contribution to death but and a little of the significant conditions and the significant conditions are significant conditions and the significant conditions are significant conditions as a significant conditions are significant conditions.
ICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying couse given in Pert I. A The Level Level Completion of Cause Completi
MED	1 YES 2 NO OF DEATH?
AN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Recidence 8 Other (Specify)
PHY	27. MANNEB-OF DEATH 200. DATE OF INJURY (Month Day Year) 28b. TIME OF 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED (Month Day Year)
B	1 Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO
E I	3 Suicide 8 Could not be determined 28. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner se stated.
COMPLET	one) 2 MEOICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(a) end manner as stated.
BE	296. SIGNATURE AND TITLEFOF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Mary). Day, New)
5	ROBERT C AMPLIANCE SUG N- ROLLING RD CATONINES, MD 2122
	ROBERT C AMMELINE SIGN- ROLLINGED CATONALIES, MO 2122
	31. DATE FILEO (Month, Day Year) 32/ REGISTRANS SIGNALIS.

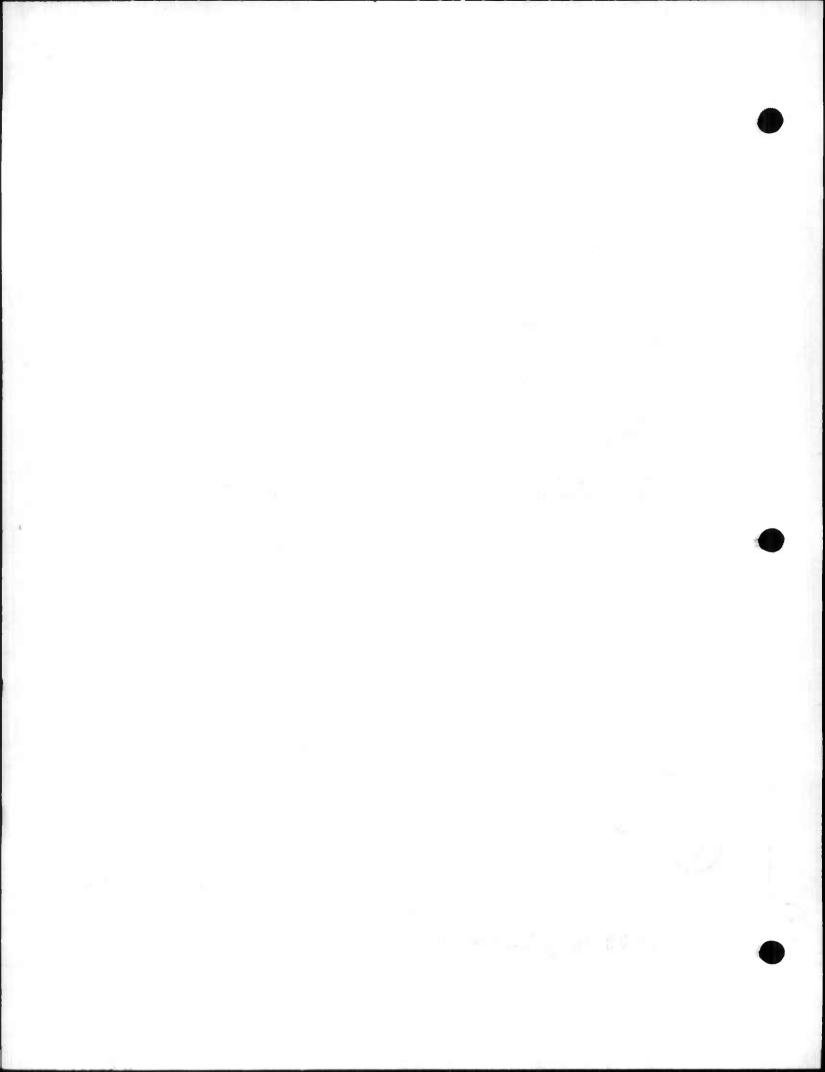
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALLIMORE, MARYLAND 21215-0020	MYSHILAN: The law requires that the death certificate be executed within 3. hours after death. Page 6 may be retained by the hospital or attending physician.	in the state of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.	
STATE ACCORDS, F.O. BOX 68160	TO THE MOSPITAL OR ATTENDED PHYSICIAN: The law requires that the death certificate be executed within 3	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the 1 be filled within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burfal, cremation, or removal.	IMPORTANT II lism 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND DEATH	MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) ANTHONY ANDREW I					MONT	OF DEATH		rean	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	1 100	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		UARY 2	,1995	BIOTH	5:05 A. M
	218-10-9951 9s. FACILITY NAME (If not Institution, give	1 📉 M 2 🗌 F	76 YRS.	IONTHS DAYS	HOURS MIN.	APR	RIL 16,	1918	Country B.A	LTIMORE
S	116 GOVERNESS COL				BURNIE	HTAB		ANN]		RUNDEL
ַלַ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TV.	Les emi							
DIRECTOR	MARYLAND ANNI	E ARUNDEL	10c. CITY,	GLEN	BURNIE					10d. INSIDE CITY LIMITS? X 1 YES 2 NO
FUNERAL	116 GOVERNERS COU	JRT		101	21061	1		10g. CITIZE	U .	S.A.
E	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1X YES IF YES, GIVE WAR OR D	2 NO ATES	If yes, sp	ENDENT OF HISPA ecify Cuban, Mexico 2 NO Specif	an, Puerto	N7 (Specify Yes Rican, etc.)	or No — 14	Black, Specify	- American Indian, White, etc.
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	life. Do NOT use	rk done during mo retired.)	N at of working	1	b. KIND OF BUS			IMP TO
COMPL	12TH GRADE		MACHINIS	Т			BALTO G		ELEC	STRIC
BE CO	17. FATHER'S NAME (First, Middle, Last) PETER PRZYLEPA				SOPHIA			Surname)		
2	19e. INFORMANT'S NAME (Type/Print) MRS. LILLIAN PRZY	(LEPA	196. MAILING A 116 GO	VERNERS	COURT-	APT-I	ber, City or Town	BURNI	E, .N	Ф 21061
	20e. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ref 4 Donation 5 Other (Specify)	noval from State 20th	n. PLACE AND DATE OF netery, cremetory or othe LY CROSS	pisposcipure or place)	CH CEMET	TERMAI	E 20c. LO	CATION — CH		rn, Stata
ı	21. SIGNATURE OF FUNERAL SERVICE L		DI ORODO	22. NAME AN	D ADDRESS OF FA	CILITY			(L)	
	· M. Tle	af Color	ren	4107 W	D FUNERA ILKENS A	AVENI	IE-BALT	IMORE	, MI	21229
	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	TOMOTION CONSEQUENCE OF):						1,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	CONSEQUENCE OF):					/		
MEDICAL	PART II. Other eignificent condition		ut not resulting in	the underlying	ceuse given in	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YES	П NO Г	UNCERTAI	ΝП				1 - YES 2 200
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH	(Check only one)						
	1 - YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	etient 3 DOA 4	OTHER:	Residence	6 🗆 Othe	er (Specify)			
E	27. MANNER OF DEATH 3 Pending	28s. DATE OF INJUSTY (Month, Day, Year)	30b. TIME (ry wo	BK7	28d. DE	SCRIBE HOW II	JURY OCCUR	WD CIN	
ā	2 Accident Investigation	28s. PLACE OF INJURY	- At home form and		es 2 🗌 NO		ATTION CO.			
	4 Homicide determined	building, etc. (Spec	ny)	en, autory, orner		City	ATTOM (Street a or Town, State)	nd Number or	Plural Plo	UN NUMBER
2		ICIAN: To the best of my know ER: On the basis of examination)	104000000000000000000000000000000000000
М	SIGNATURE AND TITLE OF CERTIFIE	0 / 1	T STOCK THE BOOK TOOL	in my opinion, o			and place, and			
	Kerf 2/0	dente.			B/85	87		▶ 1/	3/	genti, One Years
	DR. PAUL E. GORM		ATONS AVE	NUE -ON	COLOGY	DEPT-	BALTIN	MORE,	MD.	21229
	JAN 0 3 1995	32. REGISTBAR'S SIGN	ATURE Wall							



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	1 - FOR STATE REGISTRAR	ATE OF MARYLA	ND / DEPAR	TMENT OF H	EALTH AND	MENTAL HYGI		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	1	3. TIME OF DEATH
	MARYANNA MARY	A		PATRICK		JANUARY	1, 1995	1:55 p M
	4. SOCIAL SECURITY NUMBER 5. SE	3.7.00	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BURTH	8.	BIRTHPLACE (State or Foreign
			79 YRS.			07 12	15	MARYLAND
œ	9a. FACILITY NAME (If not institution, give street and				OR LOCATION OF D	EATH	9c. COUNTY	
DIRECTOR	NORTH ARUNDEL HOSPIT RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	AL ASSOCIA		GLEN BL			I A. A	. COUNTY
	MARYLAND ANNE A	ARUNDEL	10c. CIT	Y, TOWN DR LOCAT	SVILLE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1454 FAIRFIELD LO	OOP ROAD		101	21032			S.A.
5		AS DECEDENT EVER IN DRCES? 1 YES	U.S. ARMED			NIC ORIGIN? (Specify		. RACE — American Indian,
ВУ Б	1 Never Married 2 Married SOXWidowed 4 Divorced	YES, DIVE WAR OR DAT	S XNO	1 TYES		in, Puerto Rican, etc. y:)	Black, White, etc. Specify:
	15. DECEDENT'S EDUCATION		40				<u> </u>	WHITE
COMPLETED	(Specify only highest grade complete	ited)	(Give kind of a life. Do NOT us	WORL OCCUPATION Work done during mo- ne retired.)	on of working	16b. KIND OF	BUSINESS/INDUS	TRY
PL		oge (1-4 or 8 +)	HOUSE	WIFE		H	OMEMAK	ER
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Ma	den Surname)	
BE (RUDOLF SPINKA				MARY	KRUPIC		
2	190. INFORMANT'S NAME (Type/Print) JOHN H. ROBINETTE					Route Number, City or		1032
				OF DISPOSITION (Na			LOCATION — Ch	
	20a, METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Removal fro 4 Donation 8 Other (Section)	om State carnet		CEMETE		1 .		TOWN, MD.
	21. SIGNATURE OF MARKIN SERVICE LICENSEE			22. NAME AN	D ADDRESS OF FA	CILITY		
	- Lland L	Lough	men	RAYM0	OND C. CRAIN H	FINK FU WY.S.W.	NERAL GLEN B	HOME 21061 URNIE,MD.
	23. PART I. Enter the diseases or compile shock, or heart failure. List or	cations that caused	tha death. Do r					, Approximata
- 1	IMMEDIATE CAUSE (Final	1111	SILAN	DO 11	A			Interval Between Onset and Dasth
	resulting in death)	104	CUIA	0011				
		DUE TO OF AS IT	CONSEQUENCE OF	110				
CERTIFICATION	Sequantially list conditions, If any, leading to immediate	OUE TO TOR AL	ONSEDUENCE DI	F):				
₹	cause, Entar UNDERLYING CAUSE (Disease or injury	UV	1					
	that initiated events resulting in death) LAST	OUE TO IDR AS	CONSEQUENCE OF	TIME				
EH EH	d	AS		$\sim \sim 10^{-1}$				
¥	PART II. Other significant conditions cont	ributing to deeth but	t not resulting i	n the underlying	cause given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS
MEDIC		-					2X NO	COMPLETION OF CAUSE OF DEATH?
								1 _ YE\$ 2 _ ND
AN	DID TOBACCO USE CONTRIBUT			S NO C	UNCERTAIN	1 🗆		
PHYSICIAN:	EXAMINER? HOS	PITAL:	I	OTHER:				
Η̈́		Rea. DATE OF INJURY	28b. TIM	E OF 28c. INJU	JRY AT	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCUR	ED
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1 Y	RK? ES 2 NO			
		te. PLACE DF INJURY — building, etc. (Specify	At home, farm, s	treet, factory, office		28f. LOCATION (Str. City or Town, St	net and Number or I	Bural Route Number,
	AL CONTINUE							
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the							ause(s) and manner as stated.
#	296. SIGNATURE AND TITLE OF CERTIFIED	5 m	112		29c LICENSE NUM	BER Q V	29d. DATE SI	GNED (Mghth, Ony, Year)
٩	SO, NAME AND ADDRESS OF PERSON WHO COMP				CARNOT =	1200	ID 04515	7
-		/273-F PEN		AKM KUAI	J/ AKNULD	, MARYLAI	ND 21012	
	JAN 08 1995 61:	A C						
	0	THE PERSON NAMED IN	(a) (c)					OHMH 10 Day 1/90

OHMH-16 Rev 1/89

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Show the state of
CERTIFICATE OF DEATH

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

JÄNUARY 1, MAE CLARA POSEDENTI 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 10-14-1916 213-46-4176 78 1 🗆 M 2 🛣 F DAYS HOURE Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION ANNE ARUNDEL GLEN BURNIE MARYLAND permit. 10e. STREET AND NUMBER FUNERAL MANOR BRIVE 21061 250 SCOTTS completely filled in by the funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 1 YES 2 Y NO Specify: BY 3√ Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Spi Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 8 OWN HOME NONE HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Ħ (UNKNOWN) WANN BE VIOLA notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21061 250 SCOTTS MANOR DRIVE, GLEN BURNIE, MD. 19a. INFORMANT'S NAME (Type/Print) 2 LINDA MAE RILEY Page 6 may be Pe 20a. METHOD OF DISPOSITION
20 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 1/4/95 DATE must LAKE VIEW MEMORIAL PARK 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME hours after death. 1 SECOND AVENUE, S.W. GLEN BURNIE, MARYLAND 21061 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. 6 IMMEDIATE CAUSE (Final å ere brownen disease or condition event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68769 DUE TO (DR AS A CONSEQUENCE OF) to burial, traumatic CERTIFICATION and Sequantially list conditions, DUE TO OR AS If any, leading to immediate the attending physician Mental Hygiene prior to the death certificate be . Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 PART II. Other algorificent conditions contributing to death but not resulting in the underlying ceuss given in Part I. MEDICAL Health and amy L of F DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO TO UNCERTAIN I PHYSICIAN: has be OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE DF DEATH (Check only one) certificate to the State 1, or Item HOSPITAL: OTHER: 1 TYES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 5 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? this c marked, 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO ВУ After t 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 69 DIRECTOR: / ETED 8 Could not be 4 Homicide 28 def@milned COMPL CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner se stated. TO THE FUNERAL ID BE filed within 72 h (Check only one) HOSPITAL 2 MEDICAL EXAMINER: On the stion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF 29c. LICENSE NUMBER BE 2009 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ELLIOTT **GORBATY** M.D./7845 OAKWOOD ROAD, #203/GLEN BURNIE, MARYLAND 21061

32. REGISTRAR'S SIGNATURE Awdian Ra

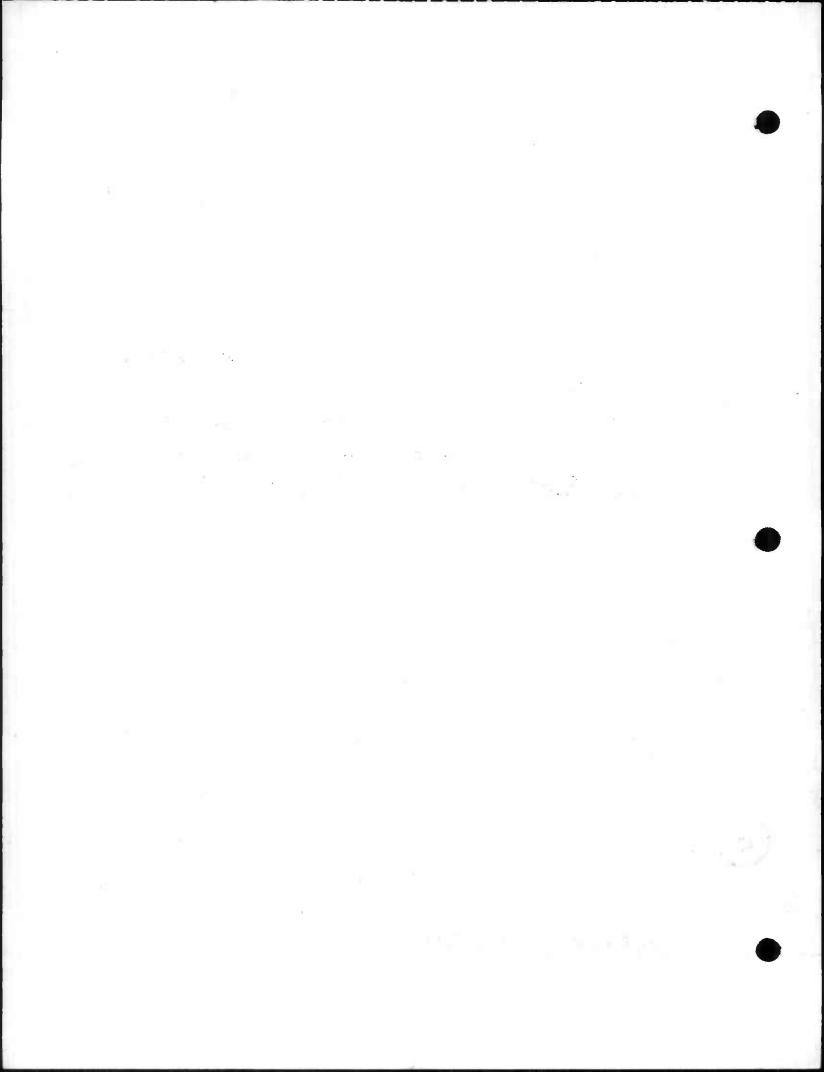
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH 1995 YEAR 3:23 М 8. BIRTHPLACE (State or Foreign MARYLAND 9c. CDUNTY OF DEATH A. A. COUNTY 10d, INSIDE CITY 1 YES 2 ND 10g. CITIZEN OF WHAT COUNTRY? -21061 U.S.A. 14. RACE - American Indian, Black, White, etc. Specify: WHITE 16b. KIND OF BUSINESS/INDUSTRY FOSTER 20c. LOCATION --- City or Town, State SYKESVILLE, MD. Approximata Interval Between Onset and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 ND 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 29d. DATE SIGNED Wonth, Day (Year)

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OR WITENDING PHISCIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after the Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR

	1 - REGISTRAR		CE	RTIF	ICATE C	F DEATH		REG. NO				
1	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF OEATH											ATH
	Peter Smith							an 1		1995	2125	PM
			AGE (In yrs. last		IF UNDER 1 YE		7. D/	ATE OF BIRTH fonth, Day, Year)		Country		
			85	YRS.		20034		fonth, Day, Year) INE 22, 1	7		ENNSYLV	ANIA
æ	98. FACILITY NAME (If not institution, give stree ST. AGNES HOSPITAL	t and number)			96. CITY, TOV	VN OR LOCATION OF			9c. COU	JNTY OF DE	EATH	
6	SI. AGNES HOSPITAL BALTIMORE											
DIRECTOR	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CIT	ΓY
	MD B			CATO	ONSVILLE					1 YES 2] NO	
A	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CIT	ZEN OF W	HAT COUNTRY?	,	
FUNERAL	715 MAIDEN CHOICE	LANE - P.	202	2	212	28				S.A.		
5	11. MARITAL STATUS 1 Never Married 2 Married	VER IN U.S. ARM			DECENDENT OF HISI , specify Cuban, Max			or No-	14. RACE Black	— American Inc.	dlen,	
BY	3X Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 XNO Specify:									Specify		E
	15. DECEDENT'S EDUCAT	ION	18a. DEC	EDENT'S	USUAL OCCUP	ATION		16h KINO OF BUI	SIME CO /INI	DUCTOV		
E	(Specify only highest grade con	mpleted) College (1-4 or S+)	(Ghr	e kind of t	work done during se retired.)	most of working	- 1	16b. KINO OF BUSINESS/INDUSTRY				
립	H/S GRAD	OUNT	CANT			INSURAN	ľΥ					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	_	st, Middle, Meiden				
BE (CHARLES SMITH					KATH	ERIN	E (U	NKNO	WN)		
5	19a. INFORMANT'S NAME (Type/Print)					eet and Number or Rui						
-	JANICE HATCH		23	2 BE	ERRYWOO	D DRIVE	- SE	VERNA P	ARK,	MD.	21146	
	20a. METHOD OF DISPOSITION 1 X Burial 2 ☐ Cremation 3 ☐ Ramova	il from State	20b. PLACE AN		OF DISPOSITION	(Name of		ATE 20c. LO	CATION —	City or Tow	wn, Stata	
ľ	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN:		DUNMOR	E CE	METERY				MORE	, PA.		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	11/	1		HUBE	ARD FUNE	FACILITY RAT.	HOME, T	NC.			
	M. Tleast	denav)			WILKENS				RE. M	D 21220	9
	23. PART I. Enter the disaeses, or com	nplications thet co	aused the dea	th. Do r	not antar tha	moda of dying, s	uch ss	cardiec or raspi	ratory sr	rest,	Approxim	mate
ŀ	shock, or haart fellure. List only one cause on aech line. IMMEDIATE CAUSE (Final										Onset sr	
	disease or condition resulting in death)	lle	AS A DONSEON		•						17da	us:
		DUE TO (OR	R AS A CONSECU	JENCE O	F):							1
NO N	Sequentially list conditions, Due to (or as a consequence of):											
AT	if any, laading to immadiata cause. Enter UNDERLYING	DOE 10 (OR	AS A CONSECU	JENCE OI	-):							
	CAUSE (Disesse or injury that initisted events	DUE TO (DF	R AS A CONSEDU	JENCE OI	F):					. (*)		
CERTIFICATION	resulting in daeth) LAST								,	9		
ö	PART II. Other algolificant conditions of		***	- 101					-			
DICAL	Dearles	^	1 -		in tha undari	ying cause givan	In Part i	. 24a. WAS AN PERFOR			WERE AUTOPSY AVAILABLE PRIOR	OT P
ă	1 Leavelles.	hyper	lenges	m				1 TYES 2	NO NO		COMPLETION OF OF DEATH?	
ME	DID TODACCO LICE CONTRUE	V									1 - YES 2 -	XHO
PHYSICIAN:	DID TOBACCO USE CONTRIB	JUIE 10 CAUS			H (Check only o		AIN L					
<u> </u>	EXAMINER?	OSPITAL:			OTHER:							
Ě	27. MANNER OF DEATH	Inpatient 2 EF		28b. TIM		INJURY AT	_	Other (Specify) DESCRIBE HOW I	N HIBY OC	CHBED		
	1 Natural 8 Pending	(Month, Day, 1	Year)	INJ	URY	WORK? YES 2 NO	200.	DESCRIBE HOW I	NSON1 OC	CORED		
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF IN	JURY — Al hom	a, farm, s			28f. I	OCATION (Street a	and Numbe	r or Rural Rc	oute Number.	
Ĭ	4 Homicide determined	building, atc.	. (Ѕреслу)					City or Town, State)				
COMPLETED	29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.											
8	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.											
	29b. SIGNATURE AND TITLE OF CERTIFIER	TITLE OF CENTIFIED								. DATE SIGNED (Month, Day, Year)		
BE	Kankaran	rach	5 1	11)		D4 C	3 8	· i	▶ /	- / _	95	_
٤	30. NAME AND ADDRESS OF PERSON WHO C	DMPLETED CAUSE (-		
	S SIVASALLAM	900	calo	n 9	Acre	Balt	mo	N =	212	19		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S										
	IAN 0 3 1995 Fall	a divolsor	Mardalle									



L.R.B.

05 00018

	FOR STATE REGISTRAR	& 10e, PE STATE OF I	MARYLAND /	DEPAR	ITMENT	OF H	EALTH		MEN	TAL HYGIE			0010		
	1. DECEDENT'S NAME (First, Middle, Last)	LOR.	IFICATE OF DEATH					ATE OF DEATH	DAY .	YEAR	3. TIME OF DEATH				
	VALERIE	Valer			TAYLOR					AN 01	19	95	3:18A M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday) YRS.	MONTHS 1	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Dey, Year)			Count	IPLACE (State or Foreign ny)		
	218-15-2985 Sa. FACILITY NAME (If not institution, give s		18	Tho.	9h: CITY	TOWN 0	R LOCATI	ON OF D	Sept 3,1976 Vi						
NC.					more				90.00	DINTY OF L	EAIN				
حا	JOHNS HOPKINS HOSPITAL. RESIDENCE OF DECEDENT 10a.STATE 10b.COUNTY 10c.								ц	•					
DIRECTOR	Maryland Balt	10c. CIT	Y, TOWN DI	R LOCAT	ION						10d. INSIDE CITY LIMITS?				
	100. STREET AND NUMBER	10f. ZIP CODE							10g. Cl	TIZEN OF V	1 TYES 2 X NO				
FUNERAL	4419 Springsle				2113	3			US	SA					
FU	11. MARITAL STATUS Never Married 2 Merried	RMED					ANIC ORIGIN? (Specify Yea or No				RACE American Indian, Black, White, etc.				
ВУ	3 Widowed 4 Divorced		If yes, specify Cuben, Mexico 1 YES 2 ND Specif					to riceri, etc.)			Black				
	15. DECEDENT'S EDUC	15. DECEDENT'S EDUCATION 180. DECEDENT'							T	16b. KIND OF E	KIND OF BUSINESS/INDUSTRY				
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	- 116	Do NOT us	work done di se retired.)	uring mo	st of workin	g					- 1		
MP		Yr Col	lege Stu	dent											
	17. FATHER'S NAME (First, Middle, Last) Linwood Taylor									st, <i>Middle, Meid</i> inter	n Surneme)				
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street e			_	umber, City or Ti	wn State 7	in Code)	21122		
2	Linwood Taylor									ad Ra			21133 m. MD		
	20a, METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Reme	oval from State	20b. PLACE	ANDDATE	OF DISPOSIT				$\overline{}$		OCATION -				
	4 Donation 5 Other (Specify)		Druid	Ridg	e Cer	nete	ry		Jā	an9 Ba1	timor	e. M	aryland		
7.74	21. SIGNATURE OF FUNERAL SERVICE LICENSEE						22. NAME AND ADDRESS OF FACILITY Nutter Funeral Home Inc. 2501 Gwynn Falls PKY. Balt. Md. 21216								
_	Seven	- Will	el										21216		
											Approximate Interval Between Onset and Death				
	disease or condition resulting in death)	a	111	ITL	2	1	Mr	~	es						
_	DUE TO (DR AS A CONSEDUENCE OF):														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of):														
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	D		Euro-											
	that initiated events resulting in death) LAST	DUE 10	(DR AS A CONSEC	DUENCE OF	ጉ):										
		1													
SAL SAL	PART ii. Other algnificent condition	a contributing to	death but not r	resulting I	n the und	lerlying	ceuse g	lven in	Part i.	24a, WAS A	N AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDICA						_				1 YES	2 🗌 NO		OF DEATH?		
Σ.	DID TOBACCO USE CONTR	RIBUTE TO CA	USE OF DEA	TH YE	SIN	ОП	LINC	FDTAII					1 YES 2 NO		
IAN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)														
YSIC	1 VES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:		5 🗆 Re	sidence	8 🗆 0	ther (Specify)					
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, D	ay, Year)	28b. TIMI	URY	Bc. INJ	RIC?		70d	DESCRIBE HOW	INJURY OC	CURED	1 1 4		
B	2 Accident Investigation	Investigation JAN 01,1995 2:32A 1 VES 2 X NO MINE INCLUSION									Accident				
	Suicide Sui														
Ä	29e. CENTEREN . CERTIFUNIC DUVICION. T. A														
COMPLETED	(Check the course of the cause of the course														
	296 SHONATURE AND TITLE OF CERTIFIER	29c. LICENSE NUN													
TO BE	1 law	took	M)	O.C.M					•	N	AN O			
F	HAM AND ADDRESS OF PERSON WHO	COMPLETED CAUSE				et							21201.		
	JAN 03 1995	A PRECIPITA	MAN SHOWN AND SHOWN	24			, 50	464		LC, M	7T A T.	and .	21201.		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and flee float flee floated by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68769

BALTIMORE, MARYLAND 21215-0020

OHMH-16 Rev 1/89

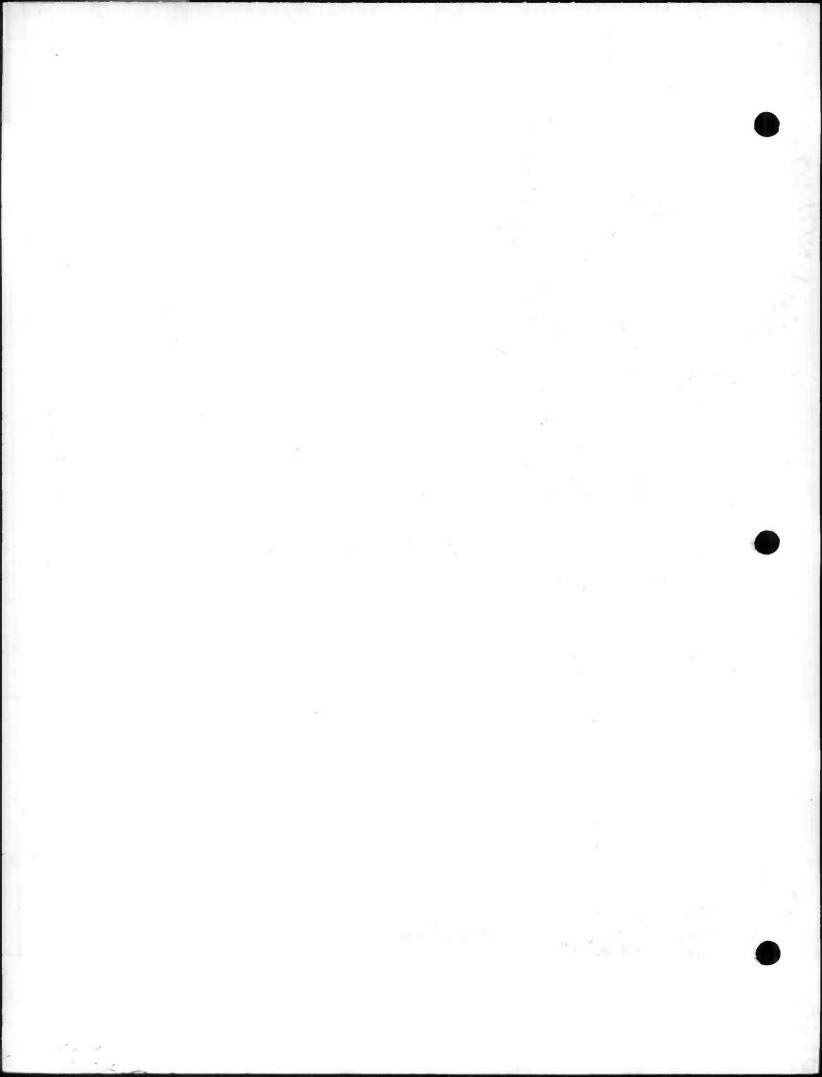
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR STATE OF MARYLAND / DEP CERT 1. DECEDENT'S NAME (First, Middle, Last)		U MENTAL HYCLENE					
1. DECEDENT'S NAME (First, Middle, Last)	FICATE OF DEATH	REG. NO.					
RUBUS WILKERSOW		2. DATE OF DEATH DAY	95 YEAR OG 15				
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthd)	ly) IF UNDER 1 YEAR IF UNDER 24 HRS		8. BIRTNPLACE (State or Foreign				
22701 7706 1×1 M2 OF 81 YR	MONTHS DAYS HOURS MIN	(Month, Day, Year)	VIRGINIA				
9a. FACILITY NAME (if not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF	DEATH 9c.	COUNTY OF OEATH				
VETERANS MEDICAL CENTER	BALTO.		NONE				
0 1	CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?				
MARYLAND NONE 10e. STREET AND NUMBER	BALTO. CI		1 X YES 2 NO				
1001 N. BOND ST. APT. 202	101. ZIP CODE 2120		CITIZEN OF WHAT COUNTRY?				
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED		PANIC ORIGIN? (Specify Yes or N	ONITED STATES o- 14. RACE — American Indian,				
1 Never Merried 2 Merried FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Max 1 TES 2 NO Spe	kicen, Puerto Ricen, etc.)	Black, White, atc.				
	1	A	FRICAN AMERIC				
(Specify only highest grade completed) (Give kind	T'S USUAL OCCUPATION of work done during most of working T use retired.)	16b. KIND OF BUSINES					
	HOP STEWARD	BETHLEHE	M STEEL CO.				
17. FATHER'S NAME (First, Middle, Last)	18. MOTNER'S	NAME (First, Middle, Meiden Sume	ome)				
HENRY WILKERSON		JISE					
	ING ADDRESS (Street and Number or Ru						
100	Ol N, BOND STR	CEET, BALTO,	MD . ZIZU5 ON — City or Town, Stata				
1 M Buriel 2 Cremation 3 Ramoval from State camelex, crematory GARRIS	TEOF DISPOSITION (Name of 1/4 ON FOREST VA.C	ZEM. OWIN	GS MILLS, MD.				
21. SIGNATURE OF JUNERAL BERVICE LICENSEE	22 NAME AND ADDRESS OF						
Valuen B. Scrusso fr	1412 E. P	RESTON ST.	BALTO, MD. 2121.				
IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Beginning: A							
PART II. Other aignificant conditions contributing to death but not resulting	ng in the underlying cause given	in Part i. 24s. WAS AN AUTO	PSY 246, WERE AUTOPSY FINDING				
PNERMONIA		PERFORMED	COMPLETION OF CAUSE				
			1 TYES 2 NO				
DID TOBACCO USE CONTRIBUTE TO CAUSE (OF DEATH YES N	40 🗆					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28. PLACE OF DEATH	(Check only one)					
1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DO. 27. MANNER OF DEATN 288. DATE OF INJURY 286.	4 Nursing Home 5 Resident	ce 6 Other (Specify) 28d. DESCRIBE HOW INJUR	Y OCCURED				
1 Natural 5 Pending (Month, Day, Year)	M 1 YES 2 NO						
3 Suicida 6 Could not be 26e. PLACE OF INJURY — At home, ler building, etc. (Specify)	m, street, fectory, office	281. LOCATION (Street end N City or Town, State)	umber or Rural Route Number,				
4 Nomicide determined							
4 Nomicide determined	urred at the time, date end place, end (
29s. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occ		the time, date end pleca, end rive	to the cause(e) end menner on stated				
29a. CERTIFIER (Check only) CERTIFYING PNYSICIAN: To the best of my knowledge, death occ	ation, in my opinion, death occured at						
29a. CERTIFIER (Check only one) 29a. CERTIFYING PNYSICIAN: To the best of my knowledge, death occ which is a second of the busin of examination and/or investignal investigna	ation, in my opinion, desth occured at 29c. LICENSE I	NUMBER 29d	DATE SIGNED (Month, Day, Year)				
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the busis of examination and/or investig 29b. SIGNATURE AND TITLE OF CERTIFIER When we will be set of my knowledge, death occurrence of examination and/or investig 29b. SIGNATURE AND TITLE OF CERTIFIER When we will be set of my knowledge, death occurrence occurrence of my knowledge, death occurrence o	ation, in my opinion, death occured at a 29c. LICENSE P HROG	NUMBER 29d					
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the busis of examination and/or investig 29b. SIGNATURE AND TITLE OF CERTIFIER When we will be set of my knowledge, death occurrence of examination and/or investig 29b. SIGNATURE AND TITLE OF CERTIFIER When we will be set of my knowledge, death occurrence occurrence of my knowledge, death occurrence o	ation, in my opinion, death occured at 1 29c. LICENSE P HROG	NUMBER 29d					



31. DATE FILEO (Month, Day, Year)
IAN 0 4 1995

	FOR STATE REGISTRAR		STATE OF I	/ARYL			TMENT				MENTA		E) (10020
	1. DECEDENT'S NAME (First	t, Middle, Last)		-	Ų.		·	. 01	JLA		2. DAT	REG. NO			3. TIME OF DEATH
	John Pat		Ament								MON		190	5 YEAR	or beath
- 3	4. SOCIAL SECURITY NUME		5. SEX	8. AGE (/	in yrs. lasi	t birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	+	E OF BIRTH	1 1//		IPLACE (State or Foreign
	218-05-7695		1 M 2 - F		81	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mor	/1/13		Count	ry)
	9a. FACILITY NAME (If not in		treet and number)		01	- 171	9h CITY	TOWH	OR LOCAT	ION OF D		/1/13	90 001	NTY OF D	EATH
	Horizon Spe								ore (EAIN		9c. C00	INIT OF D	EAIR
CINECION	RESIDENCE OF DEC	CEDENT	OCHECL	_			Dui	CIIII	OLC (7109					
!	10a. STATE	10b. COUNTY	Y			10c. CIT	Y, TOWN O	R LOCA	TION						10d. INSIDE CITY LIMITS?
	MD			Bal	time	ore (City					1 YES 2 NO			
	10e. STREET AND NUMBER							10	H. ZIP COD				10g. CIT	IZEN OF V	WHAT COUNTRY?
	6 S. Curley	St.							2122	24				U.S.	A.
	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. AR	MED	13. 1	WAS DE	CENOENT	OF HISPAN	VIC ORIG	IN? (Specify Yes	or No-	14. RACI	E American Indian, k, White, atc.
	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE V						S 2 NO			Rican, etc.)			"Y"White
			l .				<u> </u>								wnite
		EDENT'S EDU y highest grade			16a. DE	Ve kind of	Work done of se retired.)	CUPATI during me	ON ost of worki	ing	16	b. KINO OF BUS	SINESS/IN	DUSTRY	
	Elementary/Secondary (0	0-12)	College (1-4 or 5	+)											
	Unk.		Unk.		1	<u>Bottl</u>	er		,			Bevera	age		
	17. FATHER'S NAME (First, M											Middle, Malden	Sumame)		
	Albert Amen									a Ant					
	19a. INFORMANT'S NAME (7											nber, City or Tow			
	Dolores Zeu				176	00 Ha	<u>wtho</u>	rne	Rd.	Lint	thic	um, MD	2109	90	
	20a. METHOD OF DISPOSIT 1 Burial 2 Cremation		oval from State				OF DISPOS				OA			City or To	
4 Donation 5 Other (Specify) Oak Lawn Cemetery 1/5 Baltimore								e, M	D						
1	21. SIGNATURE OF FUNERA	IL SERVICE LIC	SENGER /	2	1)	1	R 22.1	NAME A	ND ADDRE	SS OF FA	CSO	nFunera	1 Hc	nme	
1	Exten	2011	WILL	· var	Ver.	N						e St. I			MD 21224
	iMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	ions, diate ing	c. OUE TO	(OR AS A (OR AS A desth be	CONSECUTION TO THE PROPERTY OF	DUENCE OF	F):	deriyin	g cause	given in		24s. WAS AN PERFOR	MEO?	24b.	interval Batweer Onsst and Death J. W. C. WERE AUTOPSY FINDINGS AMALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 KNO
PERFORMEO? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 26. PLACE OF DEATH (Check only one) EXAMINER? 1 Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Rasidence 8 Other (Specify) 27. MANNER OF OEATH 280. DATE OF INJURY 280. DATE OF INJURY 280. TIME OF 280. INJURY AT 280. DESCRIBE HOW INJURY OCCURED															
	EXAMINER?		HOSPITAL:	ER/Outpo	atient 3	□ DOA	OTMER 4 Nurs		ne 5 R	esidence	8 1 046	er (Specify)			
l	27. MANNER OF OEATH		28a. DATE OF	INJURY		28b. TIM	E OF	28c, IN.	JURY AT			SCRIBE HOW II	NJURY OC	CURED	
ļ	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Pending Investigation M 1 YES 2 NO														
	2 Cut-Id-	Could not be	28a. PLACE O	F INJURY	— At hor	ne, larm, i	street, lacto	ory, offic	a		281. LO	CATION (Street a	nd Numbe	r or Rural F	Route Number,
		datarmined	building,	etc. (Speci	my)						City	or Town, State)			•
J	29a. CERTIFIER	IEVING BUVO	CIAN: To the back of	stone from	oda- 1	ath con		C 10	-241-	W- 14				Option 1	
1			CIAN: To the best of												i) and manner as stated.
A					and/or II	-veedyed0	, in my of	piriton, C	watn occu	vo at tha	irme, dat	a and place, an			
	296. SIGNATURE AND TITLE	Sa	en le	1		_			29c. LIC	35/	7C		29d. DAT	E SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF 808 - 81	0 5	CONK	1/1	16		Print)	AL	10	In	0	2123	24	DA	SHPLER
	31. DATE FILEO (Month, Day,	95 /1	Li 2058UB	a. Alex	TYPE										

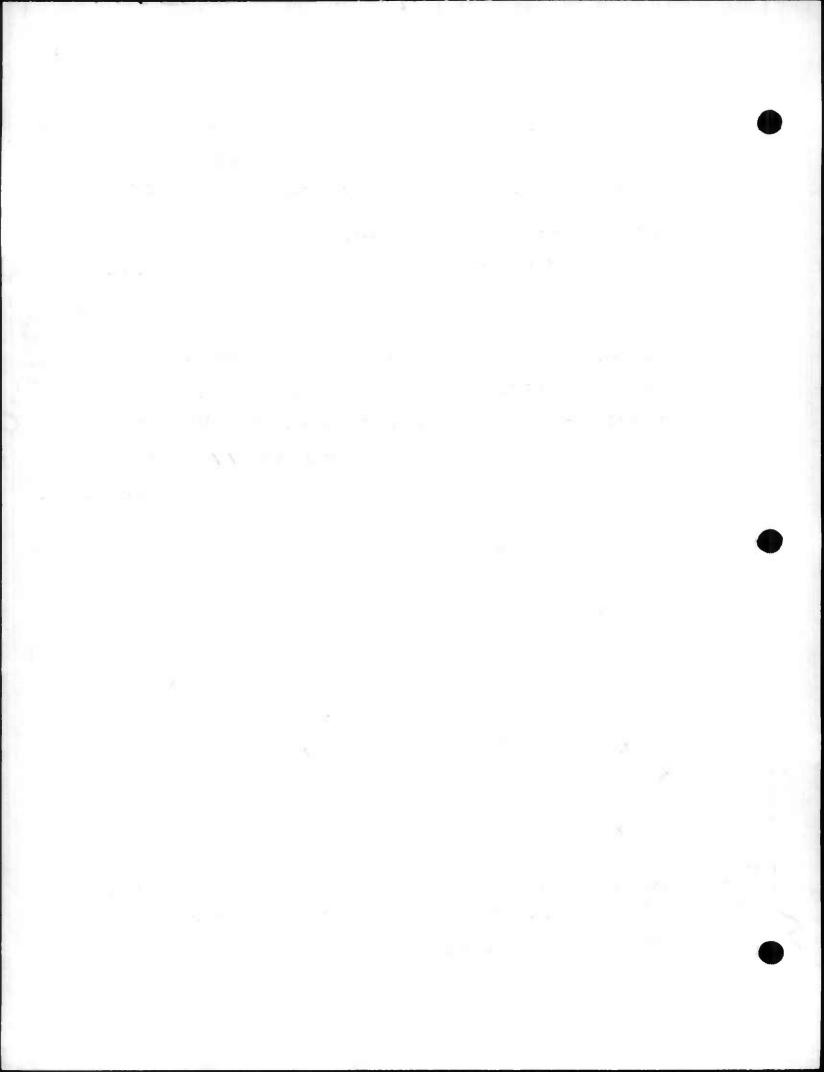
LEFTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the four after the solution of the hospital or attending physician.

IN THE IS HOW STATE THIS STATE THE BUILD AND MAINT PROPERTY, OF OTHER TRANSMENT OF THE BUILD CHIMALISM, OF TH **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DE										3. TIME OF DEATH			
	CLARE M. ATKINSON January 2, 1995									G AN			
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER			9 24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
113	212-01-4102		1 🗆 M 2 🙀 F	81	YRS.	MONTHS	DAYS HOURS MIN. (Month, Day, Year) April 23.					Country)	
	9e. FACILITY NAME (If not in		9b. CITY	, TOWN	OR LOCATI	ON OF DE		The same of the sa	UNTY OF D	ryland			
OR	110 Jefferson Ave.					Co	ckey	ysvil	lle		Ва	ltimo	re
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY			10c CIT	Y, TOWN	OB LOCA	TION					
RIC	Marvland	D = 3 1	•		1	111		ION					10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER	Balt	imore		Ti	moni		. ZIP COD	F		100 0	TIZEN OF Y	1 TYES 2 T NO
ER/	2426 Chetwood Circle Apt 301												
FUNERAL	11. MARITAL STATUS	1	12. WAS DECEDEN	T EVER IN U.S.		13.	WAS DEC			IIC ORIGIN? (Specify	Yes or No.	LS A	— American Indian.
BY F	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1	YES 2 X	NO		If yes, sp	ecify Cubs	ın, Mexica	n, Puerto Rican, atc.)	Speci	t, White, etc.
								rv .	, ,			900	White
COMPLETED	(Specify only	EDENT'S EDUC highest grade	ATION completed)		Give kind of	work done			ng	16b. KIND OF	BUSINESS/IN	IDUSTRY	
PE	Elementary/Secondary (0	-12)	College (1-4 or 5	*)	Me. Do NOT us					1.			
M	12 yrs.	icicila (not)		H	ome M	aker				Own H			
C	Charles		nilling							ME (First, Middle, Ma	den Surneme)		-
0	19e. INFORMANT'S NAME (7)		irring		19b. MAILING	ADDRES	S (Street o	An Mumber		Deb 1		No Codel	
2	Mary Carol A	Agee			110 ј					ckeysvil			-4 21020
	20a. METHOD OF DISPOSITI	ON			E AND DATE						LOCATION -		
	1 X Burtel 2 ☐ Crematio 4 ☐ Donation 6 ☐ Other		val from State	cemetery, o	HOlv	Rede	ama r	Com	0+020				Maryland
	21. SIGNATURE OF FUNERA	. service yes	ENSEE /			22.	HAME A	D ADDRE	SS OF FAC	CILITY			
	10	V	1/1	.11		P1.	ו למו	Power	n Fi	moral Do			York Road bwson,Md.
	23. PART I. Enter the di shock, or he	seases, or or	omplications the	cased the	death. Do r	ot enter	tha mo	de of dvi	ing, suct	ancerdiec or re	aniratory a	rest	OWSON, Ma.
	shock, or he IMMEDIATE CAUSE (Fin	sart fallura. L	lay only one con	on each lie	ne.	630					apiratory a	, iout,	Interval Between Onset and Death
	disease or condition	<u></u>	met	tetza	,, ,	ala	30	000	000	_			5 months
disease or condition a.								SIMENTANS					
z	Sequantially list condition	, b	•										
Ĕ	if sny, leading to immed csuse. Enter UNDERLY!	liata	DUE 10	(OR AS A CONS	EOUENCE OF	ን:							
CERTIFICATION	CAUSE (Disease or Injui		DUE TO	(OR AS A CONS	EQUENCE OF	n.							
Ē	thet initieted events resulting in death) LAST	1 1	DOE 10	(On AS A CONS	EQUENCE OF	-):							i J
CE		- 0											-
	PART II. Other significes	nt conditions	contributing to	deeth but not	resulting i	n the un	derlying	ceuse g	jiven in i	Part I. 24a, WAS	AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL											2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
¥										_			1 TES 2 NO
ä	DID TOBACCO US		IBUTE TO CA	USE OF DE	ATH YE	S 🗆 I	NO X	UNC	ERTAIN	1 🗆			
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	_	HOSPITAL:	26. PL	ACE OF DEAT	H (Check							
IYS	1 UYES 2 NO		1 Inpatient 2		1	4 🗆 Nun		5 7 Re	sidenca	6 Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 7	Pending	26s. DATE OF (Month, D.		28b. TIM	E OF URY		RK?		28d. DESCRIBE HO	W INJURY O	CURED	
E I	2 Accident	nvestigation	20a PLACE O	F INJURY — At I		M (E\$ 2 [NO				
		Could not be letermined	building,	atc. (Specify)	rome, rarm, s	rreet, ract	ory, omc	•		281. LOCATION (Str. City or Town, St	et and Numbe ate)	r or Rural A	oute Number,
COMPLETED	290. CERTIFIER												
MP	(Check only									to the cause(e) end			
2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) and mennel									and menner as stated.				
H	29b. SIGNATURE AND TITLE	OF CERTIFIER							NSE NUM	-	29d. DA	TE SIGNED	(Month, Day, Year)
ဂ္	30. NAME AND ADDRESS OF	S 121	em erro	MO		211		040	020	8	1	13	95
	June Brein							,				, =	
			T 40 0000000		ck Roa	a	Lut	herv	ulle	, Maryla	nd		
- 11	1/1/1/10/1/100	it 1	1	A'S SIGNATURE									
	JAN 04 190	י כנ	-79 ml	m									

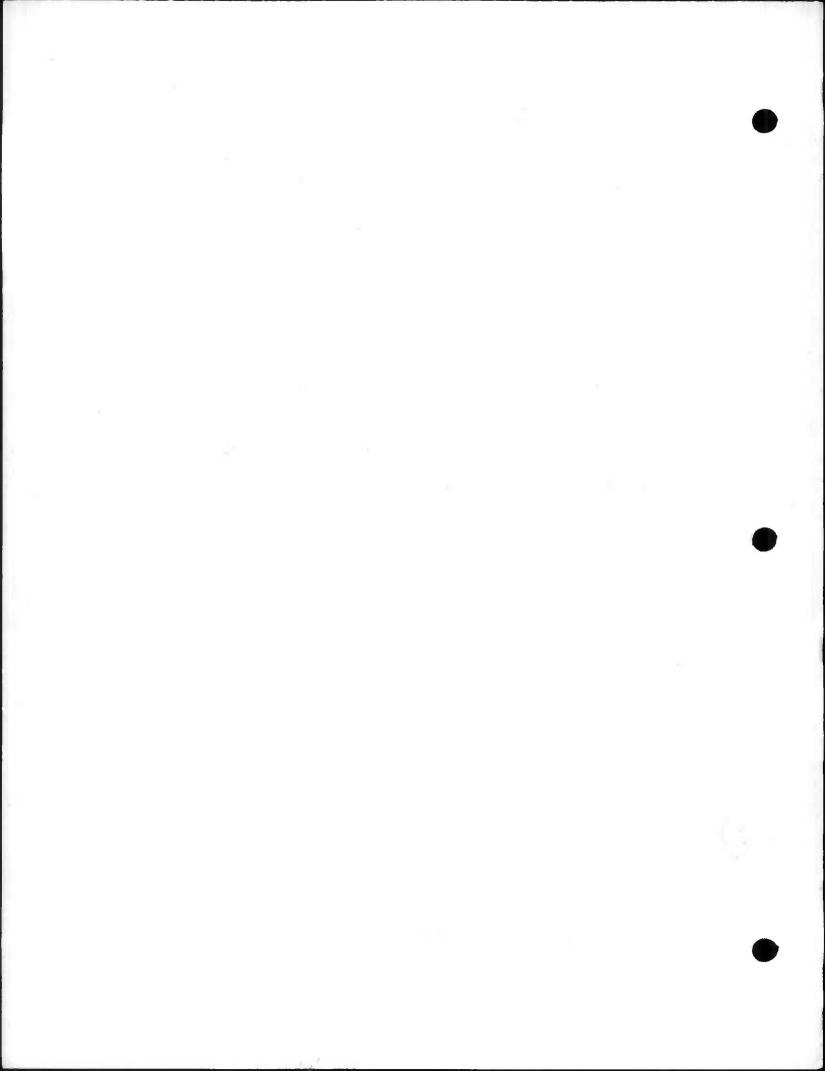


BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	FINE OF A MINE this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burtal-transit permit. Pages 1, 2, 3 should
MVISION OF VITAL RECORDS, P.O. BOX 68760.	on arter death. Per leav requires that the death certificate be executed with the fours after death. Page 6 may be retained by the hospital or attending physician.	PRECION After this certificate has been signed by the attending physician and completely filled in b

THE OR ARM this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The State marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TENDING PHYSICIAN: The law requires that the death certificate

	FOR 1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND F DEATH	REG. NO).				
	1. DECEDENT'S NAME (First, Middle, Lest)	LAWRENC	JANUARY	1995 "ONE 95	3:15 PM						
	4. SOCIAL SECURITY NUMBER 220-07-1086	5. SEX 8. AGE 1 X M 2 ☐ F 7 7	(In yrs. last birthday) YRS.	MONTHS DAYS		7. DATE OF BIRTH O(Morth, Day Year) OCL.II,	1917 V	PRTHPLACE (State or Foreign			
OR	OF THE WAS THE THE PLANT	ron Housepital 12192	-	St. Ba Py	INOTE OF	Tty	9c. COUNTY O				
DIRECTOR	nesidence of decedent 100. STATE 10b. COUNTY Maryland	10b. COUNTY			CATION C			10d. INSIDE CITY V LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 5314 the Alame	eda			21239		U.S	A .			
B	11. MARITAL STATUS 1 Never Merried 2\(\sum_{\text{\text{M}}}\) Merried 3 \(\text{\text{Widowed}}\) 4 \(\text{\text{Divorced}}\)	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	If yes,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 XNO Spec	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)		NACE — American Indian, Black, White, atc. Specify: Black			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	" Ille. Do NOT u	work done during se retired.)	most of working		ISINESS/INDUSTR					
OMPL	17. FATHER'S NAME (First, Middle, Lest)		Male A	ttenda	ndant Mercy Medical C 18. MOTHER'S NAME (First, Middle, Meider Surreme)						
BE CO	Joshua Blackwe	e11	Lavini	a Ingram							
5	t90. INFORMANT'S NAME (Type/Print) Irene Blackwel	11		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14 the Alameda, Baltimore, MD 21239							
	20s. METHOD OF DISPOSITION XABurtel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of A Park 1/7 Arbutus, MD										
21. SIGNATURE OF FUNERAL SERVICE LICENSES AND ADDRESS OF FACILITY Marshall W. Jones, Jr 4101 Edmondson Ave.											
	23. PART I. Enter the diseases, or cashcok, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on	a omd	Livur			iratory errest,	Approximate interval Between Onset and Death			
CERTIFICATION	Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL C	PART II. Other significent conditions Corvince And t					Pert I. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
AN:	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	OF DEATH YI			иД					
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER:		6 Other (Specify)					
FH	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		JURY \	NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURED)			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, ferm, ecity)			281. LOCATION (Street City or Town, State		ral Route Number,			
COMPLETED	1	CIAN: To the best of my knors:						se(e) end menner se stated.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER P			29c, LICENSE NU			E SIGNED (Month, Day, Year)				
-	MANN A. BELT NA				91						
	31. DATE FLED (MOD). 41995	ALE ENERGEDING	ETHELL,								



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	-	7		

	FOR	STATE OF MARYL	AND / DEPAI	RTMENT (DE HEALTH AND	MENTAL HYGIEN	ur .					
	1 - STATE REGISTRAR				OF DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	Guy Sylveste	r Beard				January	3, 199	5 3:50 AM				
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. lest birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 5	BIRTHPLACE (State or Fore				
	213-10-4549	1 1 x M 2 □ F 96	YRS.	MONTHS D	AYS HOURS MIN.	March 28.		Country)				
1	9e. FACILITY NAME (If not institution, give			9b, CITY, TO	OWN OR LOCATION OF D		9c. COUNTY	Pa.				
<u>~</u>												
1 6	RESIDENCE OF DECEDENT	still a keliant	IItation	Fore	est HIII		Hart	ord				
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											
1 5	Md. Han	rford	Hill			LIMITS?						
1	10e. STREET AND NUMBER			01 050	101. ZIP CODE		10g, CITIZEN	OF WHAT COUNTRY?				
ERAL	1632 Michelle (C+			21050							
FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	III S ARMED	I 40 WM	B DECENDENT OF HISPA		USA					
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO	If ye	es, specify Cuben, Mexico	in, Puerto Rican, etc.)	8 or No — 14.	RACE — American Indian, Black, White, etc.				
8	3 X Widowed 4 Divorced	WW 1	ATES	10	YES 2 NO Specif	y:	W	hi'te				
03	15. DECEDENT'S EDI		16a. DECEDENT'S	I IIIIII OCCII	IDATION	THE WHILE OF BUILD						
1 11	(Specify only highest grad		(Give kind of	work done durin	ing most of working	16b. KIND OF BU	SINESS/INDUST	HY				
12	Elementary/Secondery (0-12)	College (1-4 or 5+)	Shippi		rk	General	Motors	E.				
COMPL	17. FATHER'S NAME (First, Middle, Last)											
	II. PATHER'S NAME (FIRST, MIDDIO, (281)	Beard				ME (First, Middle, Maiden	Sumeme)					
		Deard			Henrie							
TO B	19a. INFORMANT'S NAME (Type/Print)				treet end Number or Rural							
	Helen H. Bullock 1632 Michelle Ct. Forest Hill, Md. 21050											
	20e. METHOD OF DISPOSITION 1 D(Burlet 2 Decreasion 3 Decreases		PLACE AND DATE				OCATION — City					
Hust	4 Donation 5 Other (Specify)	B	a'I'tImore	Matio	onal 1/6/9	5 Bal	timore.	, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAN	ME AND ADDRESS OF FA	CILITY						
ехашілет	▶ O ₀ →	60 10 2		Leo	onard J. Ru	ick Inc. 53	305 Har	ford Rd. 21				
	fames f.	Stradew		_								
medical	23. PART I. Enter the diseases, or shock, or heart failure.	complications that caused List only one cause on e	the death. Do	not anter the	a moda of dying, auc	h as cardiac or resp	iratory arrest,	Approximate Interval Bets				
	IMMEDIATE CAUSE (Final							Onset and D				
96	disease or condition reaulting in death)	A S	CUD									
event,		DUE TO (OR AS A	CONSEQUENCE C	F):								
CATION	Sequentially list conditions, If any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE O	F):								
	cause. Enter UNDERLYING	6										
RTIFIC	CAUSE (Disease or Injury that Initiated events	OUE TO (OR AS A	CONSEQUENCE O	F):								
<u>-</u> 00	resulting in death) LAST	d										
CE 13												
DICAL	PART II. Other aignificant condition	.7	ut not resulting	In the under	riying cause given in	Part J. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO				
E 0	device	*				1 D YES 2		COMPLETION OF CAU OF DEATH?				
Shows any in	GIBLE	alm						1 YES 2 NO				
	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH Y	ES II NO	UNCERTAIL	NП	1					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA									
SICI,	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp	stlent 3 DOA	OTHER:		-7						
H Y	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIN		Home 5 Residence		N SIEV COOLINE					
	Natural 5 Pending	Pending (Month, Day, Year) INJURY WORK?										
	2 Accident Investigation	28a DI ACE OF IN HIDY	At home form				-					
ED 2	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At nome, term,	street, factory,	Office	28f. LOCATION (Street of City or Town, State)		ural Route Number,				
APLE	(Check only CERTIFYING PHYS	ICIAN: To the best of my knowl	edge, death occurr	ed at the time,	, date end place, and due	to the cause(s) end mai	nner es stated.					
COMPLET	one) 2 MEDICAL EXAMINI	ER: On the besis of examination	end/or investigation	on, in my opinie	lon, death occured at the	time, date end piece, en	nd due to the ceu	ise(s) end manner es state				
D BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI			NED (Month, Day, Year)				
	Dauf S.D.				D322			3/5 (MONIN, Day, 1981)				
≧lol	D. PC				26	7)	1 //	3/)\				

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

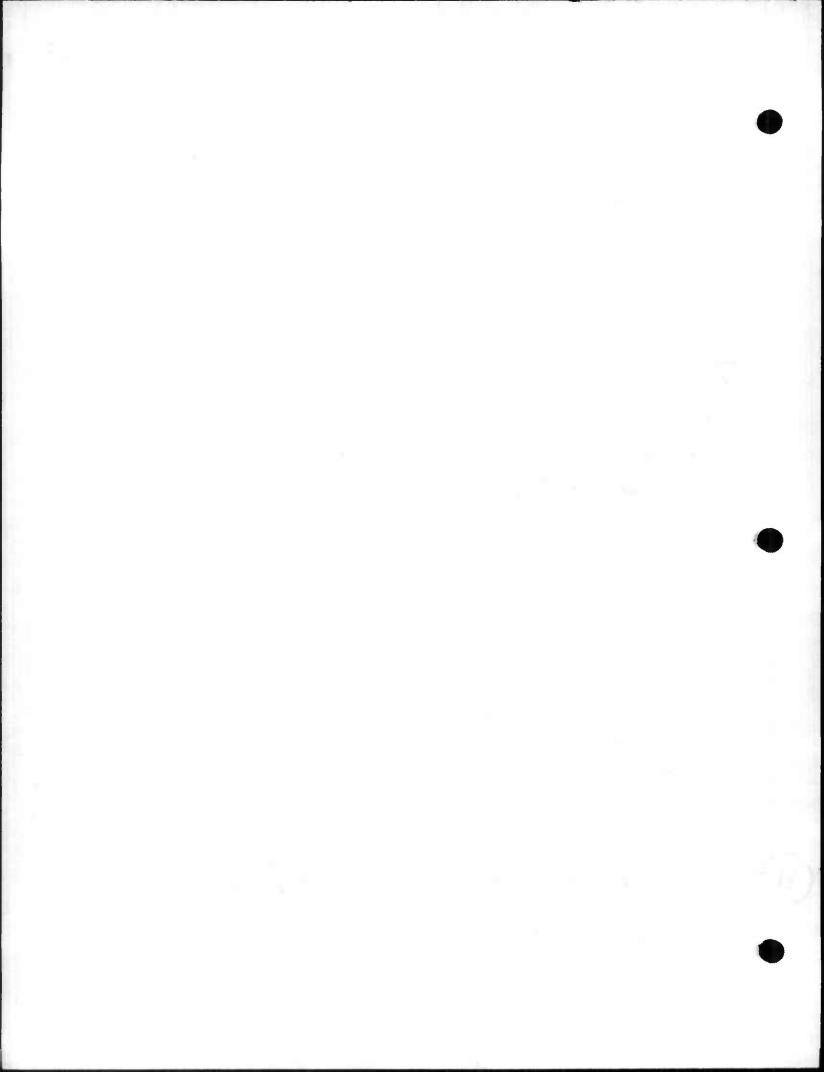
1131 Belaire

Studeon Redall

Dr. David Dunn

31. DATE FILED (Month, Day, 1681)

JAN 04 1995



(68760,

BALTIMORE, MARYLAND 21215-0020	SICJAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
THISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HINE TALL OR ANTINING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE PLINE ACCURATE After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
1. DECEDENT'S NAME (First, Middle Lest)		A DATE OF DEATH

	REGISTRAN				ENTIF	CATE	JP DE	АГП	REG	. NO.		
	1. DECEDENT'S NAME (First, I							-	2. DATE OF DEA MONTH	TN DAY	YEAR	3. TIME OF DEATN
	Elsie 4. SOCIAL SECURITY NUMBE		Lucinda			BAUER	- 1		January			7:00 a ^M
	162 05 34		SEX □ M 2 \ [] F !	6. AGE (In yrs. las	YRS.	MONTHS D	AR IF UN	DER 24 HRS.	7. DATE OF BIRT (Worth, Day, X	8. 191		HPLACE (State or Foreign try) enna.
	9a. FACILITY NAME (If not inst	1710.	9h CITY TO	WH OR LOC	ATION OF DE			UNTY OF I				
æ						Jac 0111, 10		sville				
CIC	Franklin Sq. Hospital									IBal	Limoi	re County
DIRECTOR	Maryland Baltimore					Middle River						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT C											
N	900 Fuselage Ave. 21220 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea of No.— 14. RACE.—Ar											
BY FU	1 Never Married 2 Married 3 Widowed 4 Otvorced 1 Never Married 2 Neuroled FORCES? 1 YES 2 Neuroled IF YES, GIVE WAR OR DATES					If yo	s, specify C	of HISPAN uban, Maxica NO Specify	n, Puarto Rican, et	c.)	14. RAC Blac Spec	E American Indian, ik, White Hc elly: White
		DENT'S EDUCATION	ON	16e DE	CEDENT'S	USUAL OCCU	DATION	_	Tark WIND C	F BUSINESS/II	10110777	
COMPLETED		highest grade com		(G	ive kind of a Do NOT us	vork done durii le retired.)	g most of wo	orking	160. KIND C	Home	IOUSTRY	
MP.	0	,		<u> </u>	HORR	emaker				TIONE		
BE CO	17. FATHER'S NAME (First, Middle, Lest) Peter Kebs 18. MOTHER'S NAME (First, Middle, Meiden Surname) Sally Bittenbender											
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Paul S. Bauer 900 Fuselage Ave. Baltimore, MD 21220											
	20a METNOD OF DISPOSITION 1 O ATE 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Company or other plans of Compa											
	21, SIGNATURE OF FUNERAL	SERVICE LICENS	W /	/		Bred	E02199	BISS OF FA	dneral I	iome PA		
	I fame		ugh	222012080		140	7 Eas	tern .	Ave. I	Baltimo	re,	MD 21221
1-11	23. PART i. Enter the dis	aeses, or com	plications that only one ceu	t ceused the de	ath. Do r	ot entar the	moda of	dying, suci	n ss cardiac or	respiratory s	rres1,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition		0									Onset and Death
	resulting in death)	▶ 8	DUE TO	OR AS A CONSE	DIENCE OF	D.					_	
Z	Sequentially, the conditions of h. CFT+											
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):											
2	ceuse. Entar UNDERLYIN CAUSE (Disease or injury		DUE TO	OR AS A CONSE	DISENSE OF							
	that initiated events resulting in death) LAST		DOE TO	(OH AS A CONSE	JUENCE OF	-):						
E		d										_ +
EDICAL	PART II. Other eignifican				esuiting	n the unde	iying ceus	e given in	Part i, 24a. W	AS AN AUTOPSY	248	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă	1900	ment	C.	ul .					1 U Y	ES 2 NO		COMPLETION OF CAUSE OF DEATH?
									_			1 YES 2 NO
AN	25. WAS CASE REFERRED TO	MEOICAL	 -				A PLACE O	F DEATN (Ch	internal			
SIC	EXAMINER? 1 YES 2 NO		OSPITAL:	ER/Outpatient 3	□ DOA	OTHER:		II an	6 Other (Specifi			
PHYSICIAN: M	27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY	28b. TIM	E OF 28	INJURY AT	_	28d. DESCRIBE		CCURED	
BY F	1 Natural 5 P	ending vestigation	(MORIT, D	ay, rew/	l las	M 1	WORK?	2 🗌 ND				
	3 Suicide B C	ould not ba etarmined	26a. PLACE O building,	F INJURY — At he atc. (Specify)	me, farm, s	stree1, factory,	office		281. LOCATION (S City or Town,	Street and Numb State)	er or Rural	Route Number,
	29a. CERTIFIER 1 CERTIF	FYING PNYSICIAN	t To the heat of	my knowledge de	ath occurs	el at the time	data and at		to the cause(a) an	. ====	7E.	
COMPLETED												s) and menner as stated.
0 1	296. SIGNATURE AND TITLE	OF CERTIFIER	0	110	/ .		29c. l	JCENSE NUN	IBER	29d. DA	TE SIGNE	(Month, Day, Year)
m			1	1/1	2 / M 1 / C C C C C C C C C C C C C C C C C C							
00	Mi	0/.	() (u-						-/	/ 3
TO BE	30. NAME AND ADDRESS OF	PERSON WHO CO	OMPLETED CAUS	1 6				,				//
00	STephen	H Pc	1/00	6 8	M 27) (Type,		05(-			· · · · · · · · · · · · · · · · · · ·		//
∞	30. NAME AND ADDRESS OF STOLL CO. 31. DATE FILEO (Month, Day, No. 14 19)	4 Pc	1/00	R'S SIGNATURE			05()				/5

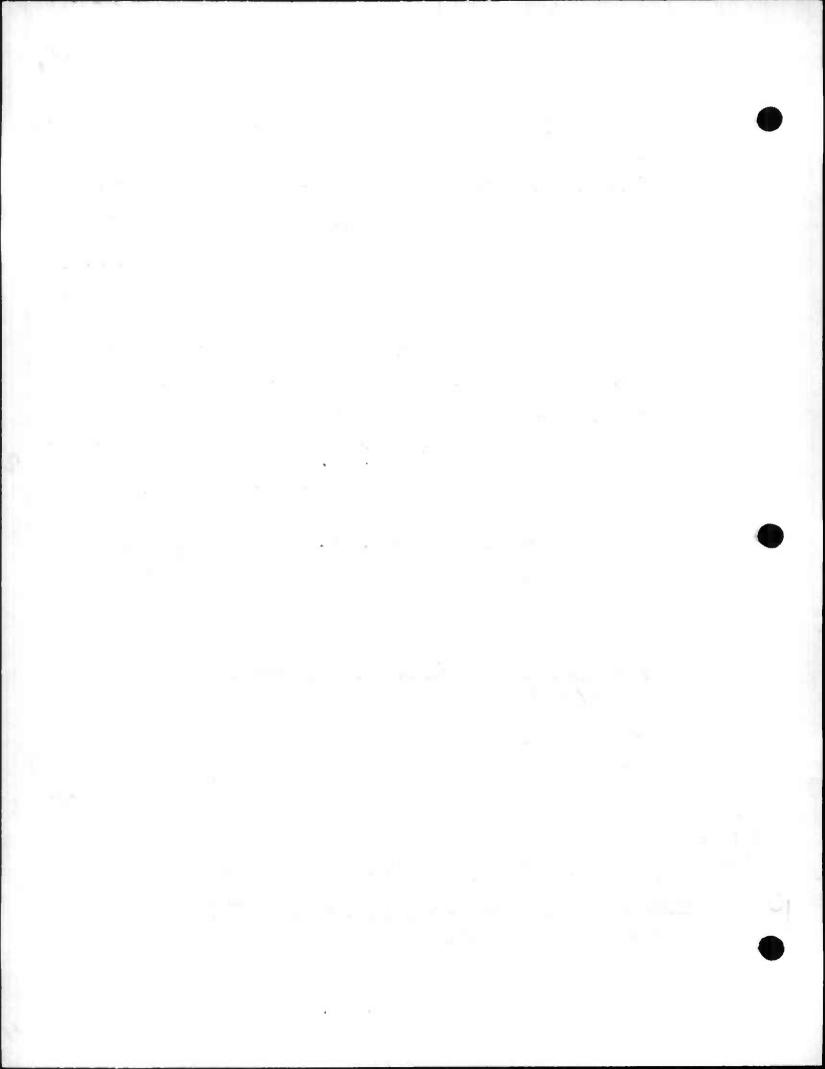
. P II 6 III Party and Table 1 · Par Eller Die THE PROPERTY AND ADDRESS OF AND STREET AND THE STREET . MINESTEE . HEL REALTH SEE

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Section of ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.	FIGURE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	I am 28 is marked or liem 23 shows any injury or other traumatic event the medical evanties much he meditied or ence
A	ŵ.	ġ.	É

4. SOCIAL SECURITY NUMBER 91-01-1930 A 1	S. TIME OF DEATH SIJO F BIRTHPLACE (State or Foreign County) YORK OF DEATH timore 10d. INSIDE CITY LIMITS? 1 Z YES 2 NO N OF WHAT COUNTRY? U.S.A.									
1. DECEDENT'S NAME (First, Michiga, Lard)	BIRTHPLACE (State or Foreign Country) NEW YORK OF DEATH timore 10d. INSIDE CITY LIMITS? 1 X YES 2 NO									
AS SOCIAL SECURITY NUMBER 091-01-1930 A 10 M 2 F 85	BIRTHPLACE (State or Foreign Country) New York OF DEATH LIMOTE 10d. INSIDE CITY LIMITS? 1 YES 2 NO									
4. SOCIAL SECURITY NUMBER O91-01-1930 A 1	Country) New York OF DEATH timore 10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO N OF WHAT COUNTRY?									
O91-01-1930 A ID N 2 F 85 VRS. MONTHS DAYS MAN. MAN. MAN. MAN. MAN. MAN. MAN. MAN.	Country) New York OF DEATH timore 10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO N OF WHAT COUNTRY?									
Se. FACILITY NAME (If not institution, pive street and number) Greater Baltimore Medical Center Towson Bal RESIDENCE OF DECEDENT 106. STREET AND NUMBER 107. STREET AND NUMBER 108. STREET AND NUMBER 109. STREET AND NUMBER 11. MARTAL STATUS 12. MAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES _ Z/ZNO 13. WAS DECEDENT OF HISPANIC ORIGINT (Specify Vis or No - It views specify Cubern, Mastern, Puerto Rican, etc.) 13. WAS DECEDENT OF HISPANIC ORIGINT (Specify Vis or No - It views specify Cubern, Mastern, Puerto Rican, etc.) 14. VIS DECEDENT'S USUAL COUNTYON 15. MOSTHER'S NAME (First, Middle, Last) 16. KIND OF BUSINESS/INDUS 18. MOTHER'S NAME (First, Middle, Last) 190. MAILING ADDRESS (Street and Number or Rural Pourte Number, City or Sown, State, 2) Constitution of Original Plays 190. MAILING ADDRESS (Street and Number or Rural Pourte Number, City or Sown, State, 2) Constitution of Original Plays 190. MAILING ADDRESS (Street and Number or Rural Pourte Number, City or Sown, State, 2) Constitution of Original Plays 190. MAILING ADDRESS (Street and Number or Rural Pourte Number, City or Sown, State, 2) Constitution of Original Plays 190. MAILING ADDRESS (Street and Number or Rural Pourte Number, City or Sown, State, 2) Constitution of Original Plays 190. MAILING ADDRESS (Street and Number or Rural Pourte Number, City or Sown, State, 2) Constitution of Original Plays 190. MAILING ADDRESS (Street and Number or Rural Pourte Number, City or Sown, State, 2) Constitution of Original Plays 190. MAILING ADDRESS (Street and Number or Rural Plays Mailing Number, City or Sown, State, 2) Constitution of Original Plays 190. MAILING ADDRESS (Street and Number or Rural Plays Mailing Number, City or Sown, State, 2) Constitution of Original Plays 200. PLACE AND DATE of DISPOSITION (Number, City or S	OF DEATH timore 10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO N OF WHAT COUNTRY?									
Greater Baltimore Medical Center Towson Bal Residence of Decement 100, STATE	10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO N OF WHAT COUNTRY?									
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Securities Divorced Divorce	. RACE — American Indian,									
16a. DECEDENT'S EDUCATION (Specify only highest grade completed) 12 College (1-4 or 5+) 12 Sales 15. MOTHER'S NAME (First, Middle, Last) 16a. DECEDENT'S USUAL OCCUPATION ((Sive kind of work done during most of working life. Do NOT use relived.) 12 TV. FATHER'S NAME (First, Middle, Last) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 19a. INFORMANT'S NAME (First, Middle, Maiden Surname) 19a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Steen, Zip Co. Same As #10 20a. METHOD OF DISPOSITION 10 Burisl 2 (Kycremation 3	Black, White, etc. Specify:									
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19e. INFORMANT'S NAME (Type/Print) Lucille V. D. Brown Same As #10 20e. METHOD OF DISPOSITION 1 Burlet 2 Commention 3 Removal from State Competery, crematory or other place) 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE PUBLIC S BURLET CAUSE (Final diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory, arresponding in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 19e. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co. Same As #10 Same As #10 DATE 20e. LOCATION — City Complete (Specify) DATE 20e. LOCATION — City Complete (Specify) PATE 20e. LOCATION —										
196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co. Lucille V. D. Brown Same As #10										
20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION 1 Burlel 2 (Coremation 3 Ramoval from State 4 Donatton 5 Other (Specify) Hilltop Service Corp. 1-3-95 Towson, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, In 1050 York Road, Towson, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arresting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST	Constitution of Human Constitution of Human Court (State, State,									
Burial 2 Cremeston 3 Removal from State Competent of other (Specify) Date Date Competent of Other (Specify) Date D										
## Denation 5 Other (Specify) Hilltop Service Corp. 1-3-95 Towson, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Worldard S	or Town, Stata									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Comparison of the process of the pro	Maryland 212									
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrestable, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (on as a consequence of):	7									
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrestable, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (on as a consequence of):	C.									
Shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to join as a continguence of: Due to join as a consequence of:	21204									
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that initiated events resulting in death) LAST d.	If any, leading to immediate									
that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
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PART II. Other atgnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDIN									
Therefore and the state of the	DEFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE									
	OF DEATH?									
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN	OF DEATH?									
25. WAS CASE REFERRED TO MEDICAL EXAMINERY HOSPITAL: OTHER:										
1 TES 2 NO 1 Tripetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	OF DEATH?									
27. MANNER OF DEATH 28. DATE OF INJURY (Month, Dey, Year) (Month, Dey, Year) 28. INJURY AT WORK?	OF DEATH?									
To restigation 12-25-94 M 1 YES 2 NO 442 At 1/2 M 1 YES 2 NO M 1										
							4 Homicide determined determined	OF DEATH? 1 YES 2 NO		
100 CENTIFIED	OF DEATH? 1 YES 2 NO HED I Though Read									
(Check only Check on C	OF DEATH? 1 YES 2 NO HED I Though Read									
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the c	OF DEATH? 1 YES 2 NO NO NED Flure! Poute Humin									
296. SIGNADUSE ANDTITLE OF CERTIFIER 29d. DATE \$	OF DEATH? 1 YES 2 NO NO NED Flure! Poute Humin									
" Made LODound (Ma) 1)-119383 11	OF DEATH? 1 YES 2 NO NO NED Flure! Poute Humin									

32 REGISTRAR'S SIGNATURE



s retained by the hospital or attending physician.
5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE HOSPITAL OR ATTAINED PRISHOW: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL PHECT OF A INTEGRAL PARENCE OF THE STRENGTING BY the attending physician and completely filled in by the funeral director, page 5 should be detach	, crem	IMPORTANT: It into 28 is marged, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	FICATE C	F DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D			3. TIME OF DEATH
	Ivy Vinton B	ridge				Januar	y 2	1995	10:00 am
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BI	RTH	8. BIRTH	PLACE (State or Foreign
	043-30-2241	1 🗆 M 2 💢 F	92 YRS.	MONTHS DAY	B HOURS MIN.	(Month, Day,	1902 LO 1902	Country)
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY. TOW	N OR LOCATION OF E			INTY OF DE	ecticut
۳	1522 Bolton Change					- CATT			
읽	1532 Bolton Stree	<u> </u>		Balti	nore		N/A	B	
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. Cl	TY, TOWN DR LO	CATION				10d. INSIDE CITY
ā	Maryland N/A		Ba	ltimore				ľ	LIMITS? 1 X YES 2 NO
7	10a. STREET AND NUMBER				10f. ZIP CODE		10g, CIT		HAT COUNTRY?
	1532 Bolton Stree	et.		ŀ	21217		IIn-	ted	States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS	ECENDENT OF NISPA	NIC ORIGIN? (Sp.			- American Indian,
	1 Never Married 2 Married	FORCES? 1 1		If yes	epecify Cuban, Maxic ES 2 X NO Spec	an, Puarto Rican,	etc.)	виаск,	White, etc.
à	3 Widowed 4 Divorced		711 571 25	'''	ES 2 (X NO Spec	ny:		Specify	White
입	15. DECEDENT'S EDU (Specify only highest grade	CATION	18a. DECEDENT'S	S USUAL OCCUP	TION	16b, KIND	OF BUSINESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT t	work done during ise retired.)	most of working				
<u> </u>		4	Print 1	Dealer		Ant	ique		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S N	AME (First, Middle,	Maiden Surname)		
BE	Harry Francis Vir	iton			Elnora	(unknow	m) Holc	umb	
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	D ADDRESS (Stre	et and Number or Rural	Route Number, Cit	ly or Town, State, Zi	p Code)	
ř	Katharine Anne Ab	ot	1532	Bolton	Street Ba	ltimore	, Maryl	and 2	21217
	26a. METNOD OF DISPOSITION 1 Burlet 2 X Cremation 3 Ram		20b. PLACE AND DATE	OFDISPOSITION			20c. LOCATION -		
	4 Donation 5 Other (Specify)	Oval from Stata	Greenmoun		torv	1/4	Baltimo	re. N	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE		22. NAME	AND ADDRESS OF F	ACILITY			
	Slin	Ollo		Mit 650	chell-Wie	defeld l	Home, In	ic.	and 21212
	23. PART i. Enter the diseasea, or	complications that ca	used the deeth. Do	not enter the	mode of dying, au	ch aa cerdiac o	or reapiratory as	reat.	Approximate
	ahock, or heart fellure.	List Dnly Dne cause t	on each ilne.		P				Interval Between Onset and Death
ĺ	IMMEDIATE CAUSE (Final disease or condition	0 0 0	salin	100 1	1.1.	-1			Onset and Death
H	reaulting in death)	e. DUE TO (OR	AS A CONSEQUENCE O	PE:	james	<u> </u>			
.		ind	0 (0	~ · · · · · ·	1	- W			i
<u>5</u>	Sequentially list conditions,	b. DUE TO (OR	AS A CONSEQUENCE O	OF):	myon	stry			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	4			0 *				
Ĕ	CAUSE (Disease or Injury thet initiated eventa	DUE TO (OR	AS A CONSEQUENCE O	OF):				-	+
Ē	resulting in deeth) LAST								
შ∥									
4	PART II. Other aignificant condition	s contributing to dea	th but not reaulting	In the underly	ing ceuse given in		WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
DICAL	Brost	Corcin	ma				YES 2 NO		COMPLETION OF CAUSE OF DEATH?
M M	an Eme	a							1 YES 2 NO
	DID TOBACCO USE CONT	RIBUTE TO CAUSI	OF DEATH Y	ES NO	☐ UNCERTAI	N 🗆			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEA	TN (Check only o					
2	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/	Outpatient 3 🗆 DOA	OTHER: 4 Nursing F	ome 5 🗆 Rasidenca	8 Other (Spec	cify)		
Ē	27. MANNER OF DEATH	28a. DATE OF INJU		ME OF 28c.	NJURY AT WORK?	28d, DESCRIBE	E NOW INJURY OC	CURED	
P.	1 Natural 5 Pending 2 Accident Investigation	(Marin, Bay, 70			YES 2 NO				
	3 Suicide 8 Could not be	28a. PLACE OF IN. building, atc.	JURY — At home, farm,	atreet, factory, o	fica		(Street and Number	r or Rural Ro	oute Number,
COMPLETED	4 Nomicide datarmined	Something, area	Openny			City or Tow	n, Stare)		
5	29a. CERTIFIER 1 CERTIFYING PNYS	CIAN: To the beat of my I	nowledge death occur	red at the time of	ete and place, and du	to the enuncial	and manner on the	and .	
\$									and manner as stated
╏	A A A	Les S	· il		29c. LICENSE NU	MBER 1			(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH OTEM 27 CE	M O	11.57	17/		anuar	cy 3 1995
	Diana Smith, M.D.		nms Lane I		o Mossel	and 0101	1./.		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S		KIT LIHO	e, raryl	anu ZIZ)	.4		
$\left\{ _{i}\right\}$	JAN 0 4 1995	Alin attendes							
	LIMIN T THUS	CITY OF THE PARTY							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	Item19b,g-719,1-4-95,perf.h.,d FOR STATE OF N 1. STATE REGISTRAR	IARYLAND / I	DEPARTMEN RTIFICAT	IT OF H	IEALTH AND DEATH	MENTAL HYGII	NE .	00	027	
	1. DECEDENT'S NAME (First, Middle, Lest) DONG S. CHEN					2. DATE OF DEATH	72	WEAD	TIME OF DEA 11:28	****
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last I	birthday) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIRTH		II. BIRTNPLA	ACE (State or F	
	216-19-9770 1× M 2 🗆 F	55	YRS. MONTHS	DAYS	HOURS MIN.	March 31		Country)	ina	
<u>~</u>	9e. FACILITY NAME (if not institution, give street end number)	CCOCIATI			OR LOCATION OF D		9c. COU	NTY OF DEAT	ſΝ	
210	NORTH ARUNDEL HOSPITAL A	SSOCIATI	ON G	LEN E	BURNIE		A.A	. COU	VIY	
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								d. INSIDE CIT	٧
	Md. Howard 100. STREET AND NUMBER		Colum		ZIP CODE		I 100 CITI	1 (YES 2	NO
FUNERAL	5729 Brothers Partnersh	ip Ct.			21045		Tog. of the	China		
FUN	11. MARITAL STATUS 1 Never Married 2 Merried 12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARM	ED 13	. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Specify en, Puerto Rican, etc.)	Yes or No-		Americen Indi /hite, etc.	len,
BY	3 Wildowed 4 Divorced IF YES, GIVE W	AR OR DATES			2 NO Spec			Specific)rienta	
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECI	EDENT'S USUAL	OCCUPATIO	ON at of working	16b. KIND OF	BUSINESS/IND		TETOTOR	11
PLE	Elementary/Secondary (0-12) College (1-4 or 5+		NOT use retired.)	•					
COMPLETED	12 8+ 17. FATHER'S NAME (First, Middle, Last)		Engi	ieer.	1e. MOTHER'S N	AME (First, Middle, Meld	Outer			
BE 0	Dian S. Chen				Jina	l Wang				
10	199. INFORMANT'S NAME (Type/Print) Cheng J. Cao	19b.	MAILING ADDRE	SS (Street e	Partne	Route Number, City or				
	20e. METNOD OF DISPOSITION								Md. 21	1045
	206. METHOD OF DISPOSITION 1 Burlal 2 M Cremetion 3 Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of cemetery, crematory or other place) The Green Mount Cemetery A Baltimore, Mc									
	21. SIGNATURE OF JUNERAL SERVICE LICENSEE	٨	22	NAME AN	IN ADDRESS OF E	nan Funera	1 Home	of F	11/ 1	[nc
	Vary d. No.	fman	7 5	695	Main St.	. Elkrido	e. Md.	212	27	.110 .
	23. PART I. Enter the diseases, or complications that shock, or heart fallure. List only one ceur	ceused the dest se on each line.	th. Do not ente	r tha mo	de of dying, au	ch as cardiac or re-	piratory arr	eat,	Approxim Interval B	letween
	IMMEDIATE CAUSE (Final disease or condition	estatic	Lun	9 (PANCOR				Onset and	d Death
	disease or condition resulting in death) a. Molaratic Ling Cancer Due to (or as a consequence of):									
NO	Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF):									
CAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	11 3-207							İ	
RTIFICATION	that initiated events resulting in death) LAST	OR AS A CONSEDU	ENCE OF):				_			
CER	d									
MEDICAL	PART II. Other algnificent conditions contributing to	deeth but not rea	nulting in the u	inderlying	cause given in		ORMED?	AWA	RE AUTOPSY F	TO
EDI						1 _ YES	2 NO	OF	MPLETION OF C DEATH?	
	DID TOBACCO USE CONTRIBUTE TO CAL	JSE OF DEATI	H YES 🗆	NO [UNCERTAI	N 🗆		'	YES 2 I	NO
SICIAN:	25. WAS CASE REFERRED DO MEDICAL EXAMINER?		OTHE							
1 PSS 2 NO 1 Inpetient 2 ER/Outpetient 3 DDA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 20e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 20e. DATE OF INJURY AT WORK? 20e. INJURY AT WORK?								TIRED		
A 1 Natural 5 Pending (Month, Day, Year) INJURY WORK? Accident Investigation Natural Natu										
3 Suicide e Could not be determined determined City or Town, State) 286. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 286. LOCATION (Street and Number or Rural Route Number of City or Town, State)							Number,			
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basic of exception of the basic of exception on the basic of exception of exception on the basic of exception of exception on the basic of exception of exc								d manner ee e	stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			SIGNED (Mo		
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE		MJ	> .	D20	431		-3-19		



e, s. heg " de sestio (4) p. 1

SION OF VITAL RECORDS, P.O. BOX 68760,

MINIC PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after this certificate bas been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO THE TO THE PER FINE IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

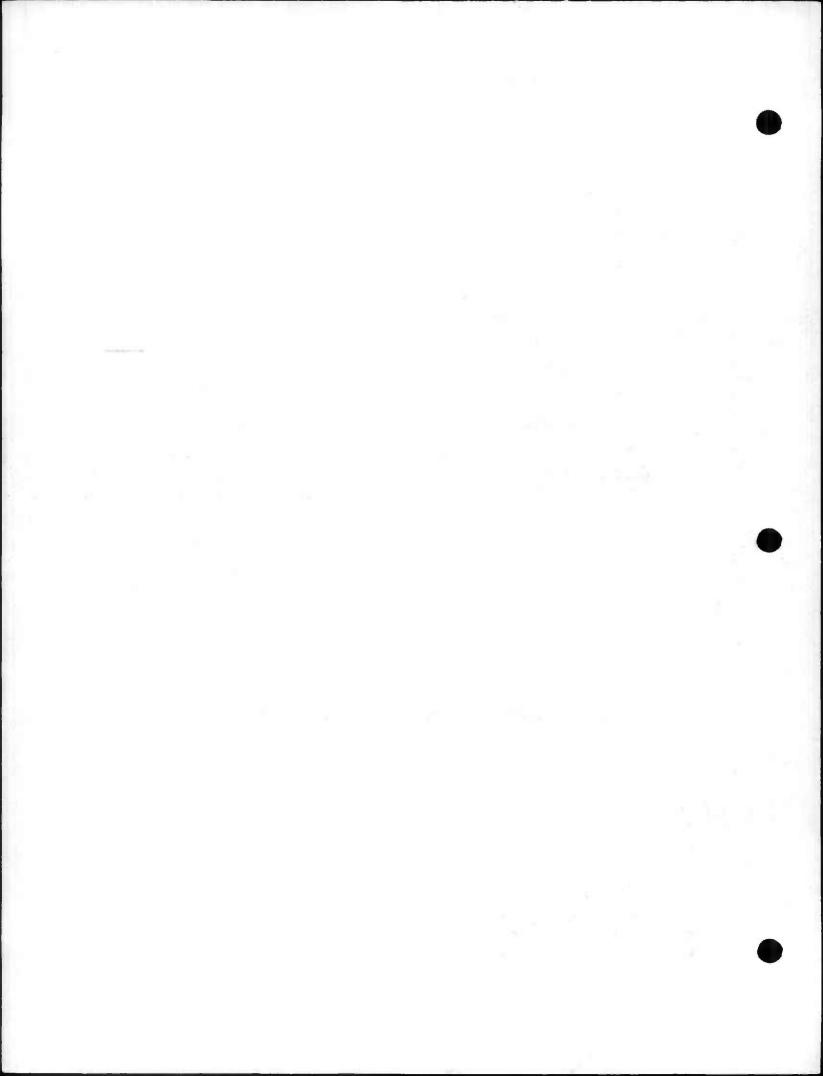
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE C	F DEAT	ГН		REG. NO			
1. DECEDENT'S NAME (First, Middle, Li	ist)									3. TIME OF DEATH
s. Clare	Cusack					Jan.		995	YEAR	6:30 Pm
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YE			? DATE OF	BIRTH	200	8. BIRTI	HPLACE (State or Foreign
215-07-9731	1 🗆 M 2 😾 F 8	4 YRS.	ONTHS DAY	YS HOURS	MIN.	(Month, D	1910		Mai	m ryland
9e. FACILITY NAME (If not institution, gi	ve street and number)		b. CITY, TOV	VN OR LOCATI	ON OF DE	EATH		9c. COU	NTY OF D	
Stella Maris H	ospice		Том	son				B;	altin	nore
RESIDENCE OF DECEDENT									X	NOTE
10a. STATE 10b. COL			TOWN OR LO	CATION						10d. INSIDE CITY LIMITS?
	ltimore	TC	wson							1 YES 2 NO
106. STREET AND NUMBER 2300 Dulaney Valley Road 107. ZIP COOE 21204 109. CITIZEN OF WHAT COUNTY										
11. MARITAL STATUS	12. WAS DECEDENT EVER			DECENDENT C				or No-	14. RAC	E — American Indian,
3 Widowed 4 Divorced	FORCES? 1 YES			, specify Cube YES Ž∭NO			in, etc.)			k, White, etc. White White
15. OECEDENT'S I (Specify only highest gi	EDUCATION rade completed)	18a. DECEDENT'S US (Give kind of wor				16b, KII	ND OF BUS	SINESS/IN	DUSTRY	
Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	I most be worker	ry					
12		Secretary	7			Ва	ltim	ore (City	Police Dept
17. FATHER'S NAME (First, Middle, Last)				18. MOTI	HER'S NA	ME (First, Midd	fle, Maiden	Sumeme)		
John	Cusack				Elle	en Ni	xon			
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Str	eet and Number	or Rural i	Route Number,	City or Tow	n, State, Zi	p Code)	
James E. Cusack		1415 E		Place,	Ва					
1XXBuriel 2 Cremetion 3 R	lamoval from Stata C6	metary, crematory or other New Catheo			ry 1-	-6-95		cation — timoi		Maryland
21. SIGNATURE OF FUNERAL SERVICE			22, NAMI	k Tows	SS OF FA	CILITY	l Lor	20 7	Ina	
• Wallac	2 3. 124	oby In	105	0 York	Roa	ad, To	wson	Mary	land	21204
23. PART I. Enter the diseases, ahock, pr heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. Cerebral	each line.			ing, auc	h aa cardlac	or reapi	ratory ar	rest,	Approximate interval Between Onset and Death
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	c	A CONSEQUENCE OF):								
PART II. Other aigniticent condit	tions contributing to deeth	but not reaulting in	the underl	ving ceuse o	alven In	Part I. 24	a. WAS AN	AUTOPSY	24h	. WERE AUTOPSY FINDINGS
				,,			PERFOR	MED?	. 40	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						- 11	YES 2	Xho		OF DEATH?
DID TOP LOCAL LIST CO.	PRINTER OF CALL					Z-				1 TES 2 NO
DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL					ERTAI	1 XI				
EXAMINER?	HOSPITAL:	26. PLACE OF DEATH	(Check only o	one)		•			-	
1 TYES 2 TO	1 Inpatient 2 ER/Our	patient 3 DOA 4	☐ Nuraing I	Home 5 🗆 Re	sidenca	6 Other (S)	pecify)			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (ly .	INJURY AT WORK? YES 2] NO	28d. DEŞCRI	BE HOW I	NJURY OC	CURED	
3 Suicide 8 Could not 4 Homicide determined	building, atc. (Sp.	Y — At home, farm, stre ocify)	et, factory, o	office			ON (Street a own, State)	and Numbe	r or Rural F	Route Number,
29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated.										
MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(s) and manner es stated.										
Kendapa	Kendall Rauleaum 025643 1/3/95								195	
	30. NXME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Dr. Kendall Faulkber 2300 Dulaney Valley Road 21204									
31. DATE FILED (Month, Day, Year)	July Daudeor Re									
JAN 0 4 1995	fully discourse has	044								

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TENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Pag	TOH: Are this certificate has been signed by the attending physician and completely filled in by the funeral of	
after	by the	marai
DOUTS	u pa	Or re
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xecute	and co	hunia
De es	ician	nor to
ificate	phys	Ann Di
th cert	ending	Humi
deat	ne atte	James
at the	b)	and k
uires th	signed	Health
v req	been	t of
ne lav	has	Dan d
N: H	ficate	State
SICIA	certi	h the
PHY	this	Shariff Park
DING	Æ	dent
E	108	Affin

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF CERTIFICATE OF	DE ATTI	GIENE 3. NO.						
1	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEA	ATH	3. TIME OF DEATH					
	Bernard Anthony Curtis	JAN	JAN 1, 1995 8						
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS. 7. DATE OF BIR		RTHPLACE (State or Foreign					
	219-32-8596 TXX M 2 F 59 YRS. MONTHS DAYS 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN	HOURS MIN. (Month, Day, 1) May 28, OR LOCATION OF DEATH		aryland					
DIRECTOR	212 Stanmone Bood	rs Forge		imore County					
EG	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCA	TION		10d. INSIDE CITY					
	Maryland Baltimore County Rodgers F								
FUNERAL	10o. STREET AND NUMBER 312 Stanmore Road	и. zip code 21212							
<u> </u>	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DE	CENDENT OF HISPANIC ORIGIN? (Spec	elfy Yee or No — 14, R.	ACE — American Indian,					
BY F	1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yee, a	pecify Cuben, Mexican, Puerto Rican, a S 2 NO Specify:	tc.) B	pec/ly: White					
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPAT (Give kind of work done during m		OF BUSINESS/INDUSTR						
EDOMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Illie. Do NOT use retired.) Religion:								
NO.	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, I							
BE	Kenneth Aloyisius Curtis	Bridgette Rit	a Reville	2					
2	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street	and Number or Rural Route Number, City	or Town, State, Zip Code,						
		Road, Baltimore							
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (A cemetery, cremetory or other place)			TION — City or Town, State					
	4 Donation 5 Other (Specify) Greenmount Crema 21. SIGNATURE OF EMPERAL SCHOOL 22. NAME A	tory 1/31 ND ADDRESS OF FACILITY	Baltimore.	Maryland					
	Martin D. Warson Mitchell-Wiedefeld Home, Inc.								
-	6500	York Road, Balt	imore, Ma	ryland 21212					
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the m shock, or heart fellure. List only one ceuse on each line.	one of dying, auch as cardiec or	respiratory arrest,	Approximate Interval Between					
	disease or condition and the card	suede with	un tasta	tie Chant					
	DUE TO (OR AS A CONSEQUENCE OF):	1 + 8		is there.					
N O	Sequentially list conditions,	+o Chercing)							
AT	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. MMEDIATE CAUSE (Final disease or condition resulting in deeth)								
윤	CAUSE (Disease Dr Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	resulting in death) LAST								
	PART II. Other significant conditions contributing to death but not resulting in the underlying	or cause given in Part I 24e V	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS					
CAL	Chronic Brunchitis	P	ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
			YES 2 AND	OF DEATH? 1 YES 2 NO					
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH	YES NO							
CIA		LACE OF DEATH (Check only one)							
YSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Hol	me 5 Mesidence 8 - Other (Speci	fy)						
_	1 Netural 5 Pending (Month, Day, Year) INJURY W	JURY AT 28d. DEŞCRIBE ORK? YES 2 NO	HOW INJURY OCCURED						
B	2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, offi		Street and Number or Ru	rel Route Number.					
	4 Homicide determined building, atc. (Specify)								
	29a_CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dat	e end place, and due to the cause(e) e	nd manner ee stated.						
CO	one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion,			se(e) end menner ee stated.					
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER		NED (Month, Day, Year)					
10 8	Spry Karken	D16189	1-1	2-1895					
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) George N. Karkar, M.D. 6565 N. Charles Str	eet, Baltimore,	Maryland 2	21204					
31. DATE FILED JAN 04 1995 32. REGISTRARS SIGNATURE									



TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITENDING PHYSICIAN: The law requires that the death certificate be executed within as hours after death. Page 6 may be retained by the hospital or attending physician.

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE HAREST CONTROL After this certificate has been signed by the attending physician and romanisms.

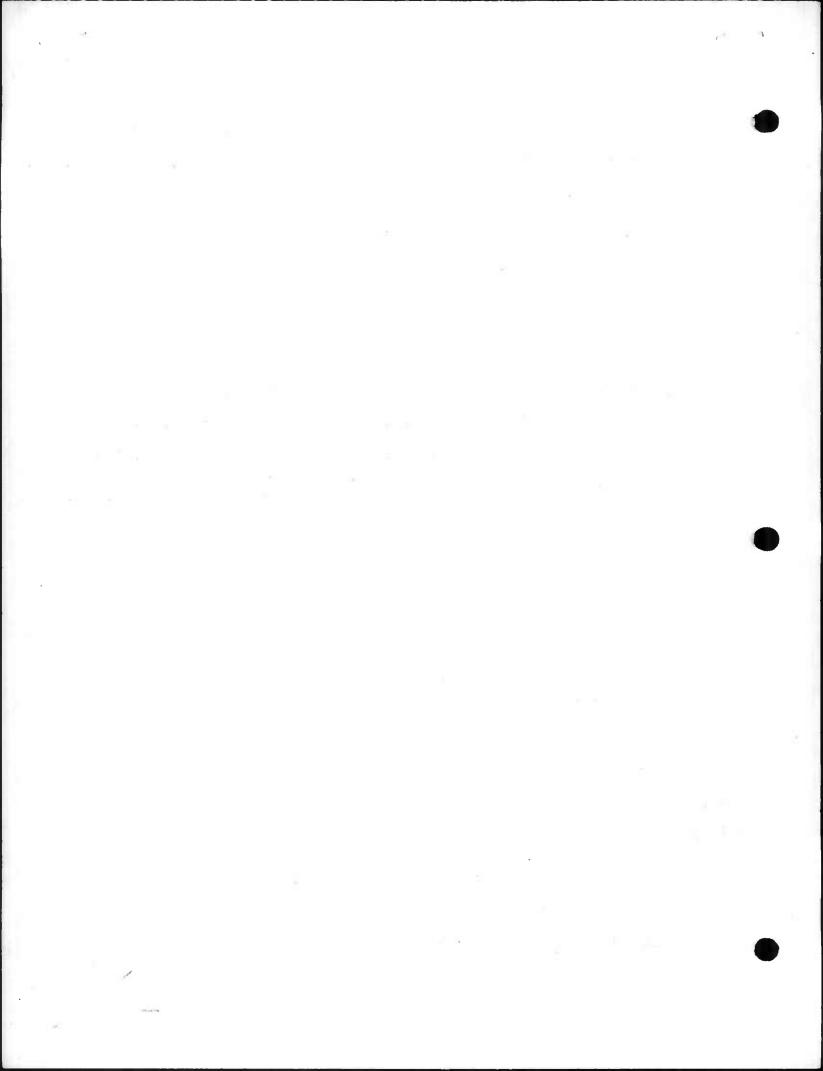
a marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

D BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE C IMPORTA

LAN 0 4 1995

						20	00030
1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF H	EALTH AND			
1. DECEDENT'S NAME (First, Middle, Lest)		OLMINI	CAIL OF	DEATH	REG. NO		3. TIME OF DEATH
UA Joen	Cuz	0			MOHTH D	AY YEAR	+ 140 D
4. SOCIAL SECURITY NUMBER		(In yrs. hist birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	2 73	THPLACE (State or Foreign
131-42-0907	18 M 2 0 F 43		MONTHS DAYS	HOURS MIN.	June 17	Cou	Balto. Md.
9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY OF	
Mercy Hosp.			Balt:	imore			
10a. STATE 10b. COUNTY			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
Md.		Bal	ltimore				1 FYES 2 NO
10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
4401 Colborne				2122	9	U.S.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 3NO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Maxica 2 ND Specifi	NIC ORIGIN? (Specify Yearin, Puerlo Ricen, etc.)	So	CE — American Indian, ack, White, etc. ecity: Black
15. DECEDENT'S EDUC (Specify only highest grade	ATION	18a. DECEDENT'S U	USUAL OCCUPATION	DN	16b, KIND OF BU	SINESS/INDUSTRY	
Elamentary/Secondary (0-12)	College (1-4 or(4+)	ille. Do NDT usa	ork done during mo retired.)	st of working		1	
		Der	1+15t		Me	dICA	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden		
Vaudry Curry				Sheba	Garling	ton	
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		,
Sheba Curry		P.O.E	30x 740	Green	wood Lake	e, N.Y.	10920
20a. METHOD OF DISPOSITION 1 1 Buriel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State CB	b.PLACEAND DATE OF THE PROPERTY OF 18 OF THE PROPERTY OF 18 OF THE PROPERTY OF 18 OF THE PROPERTY OF THE PROPE	er place)		OATE 20c. LO	CATION — City or	* 1
21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME A	D ADDRESS OF FA	CILITY		
Proit w	1/1/2.00	of (M) M	Wair	wright	Funeral	Home	
22 0407	1 Co vanive	CAN	2700	Edmon	dson Ave.	Balto	. Md. 2122
23. PART I. Enter the diseases, or c shock, or heart failure. L	ist only one cause on	each line.	ot anter tha mo	de of dying, auc	h aa cardiac or respi	iratory arrest,	Approximata Interval Between
IMMEDIATE CAUSE (Final disease or condition							Onset and Daath
resulting in death)	MULTISM DUE TO (OR AS)	stren i	SL GA.	J For	رمد		2000
	-	Č					
Sequentially list conditions,	JC - 2477	A CONSEQUENCE OF	Lacol	more			
If any, leading to immediate cause. Enter UNDERLYING	DUE TO GOT ME	A CONSESSEE OF	0	X			
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF		-//-			
resulting in death) LAST	NAME AND A STATE OF THE STATE O			2,800			Ĭ.
PART II. Other significant conditions	contributing to death	but not resulting in	the undarlying	causa givan in	Part I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MULLIMM COTOR	Discose,	Deve le	of ac	Lung	1 YES 2		COMPLETION OF CAUSE DF DEATH?
Crop (COB	DLI DEMI &	-					1 YES 2 NO
DID TOBACCO USE CONTR			□ NO(□	LUNCERTAIN	<u> </u>		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH	(Check only one)				
1 TES 2 DIO	HOSPITAL: 1 Hipetlant 2 - ER/Out		OTHER: 4 - Nursing Hom	e 5 🗆 Residence	6 Other (Specify)		
27, MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ		26d. DESCRIBE HOW I	NJURY OCCURED	
1 Natural 5 Pending 2 Accident Investigation	(11		ES 2 NO			
3 Suicide 8 Could not be	28a. PLACE OF INJURA building, atd (Spe		reet, factory, effic.		281. LOCATION (Street a	and Number or Rura	I Route Number,
4 Homicide determined	1 100				City or Town, State)		
29a. CERTIFIER (Check only	CIAN: To the best of my know	viedge, death occurred	at the time, date	and place, and due	to the cause(s) and mor	nner as stated	
	: On the beals of symmetry						e(a) and manner as stated.
291L WOMATURE AND TITLE OF CERTIFIER	A 1/			29c. LICENSE NUN			ED (Manth, Day, Year)
110	Jan H			D30		AND ATE SIGNI	(Marin, Day, Year)
- Lecurence	Tital			0.20	176	1/4	144



9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

Specify.

3. TIME OF DEATH

P

30

4

10d, INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 YES 2 NO

BLACK

5

REG. NO

2. DATE OF DEATH MONTH

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7. DATE OF BIRTH (Month, Day, Year) 5-/3-218-07-2396 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR E 2128 FEDERAL BALT RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY IOc. CITY, TOWN OR LOCATION BA Lt mp permit. FUNERAL 10e, STREET AND NUMBER 101. ZIP CODE 2128 E. 21213 burlal-transit FEDERAL Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuban, Mexican, Puarlo Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 1 Never Married 2 Men BY 3 Widowed 4 Divorced use as the 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) lary/Secondary (0-12) ᆸ completely filled in by the funeral director, page 5 should be detached for ifial, cremation, or removal. College (1-4 or 5+) COMPL IN MILL THLEHEM notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JA DANDRIDGE KE TURNER H 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Ro-9 OUISE .009hb4 ROSS BA4 pe 20s. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Ren OATE 20b. PLACE AND DATE OF DISPOSITION (Name of must ery, crematory or other place) 4 ☐ Donation 5 ☐ Other (Specify) CEMETERY BALT. LTIMORE 21. SIGNATURE OF SUNERAL SERVICE LICENSEE medical examiner 22. NAME AND ADDRESS OF FACILITY 1129 BETTS BALT MD. recea FUNERAL 23. PART i. Enter the diseasea, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or reapiratory arrest, ahock, or heert fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition cancel resulting in death) event, DUE TO OR AS A CONSEQUENCE OF) and com o burial, traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING physician other t CAUSE (Diseese or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events signed by the attending Health and Mental Hygier reaulting in death) LAST 6 23 shows any injury, PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 TYES TO been : DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH Dept. YES ☐ NO ☐ UNCERTAINC ☑ has 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) ltem! this certificate h with the State HOSPITAL OTHER: 1 TYES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA g Home Specify) 0 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, Natural 2 Accident 84 1 YES 2 NO After the ВY Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 3 Sulcida COMPLETED 6 Could not be after DIRECTOR: 28 4 Homicide hours Пеш 8 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(a) and manner as stated. DEPITAL MERAL then 72 = 2 MEDICAL EXAMINER: On the nation and/or investigation, in my opinion, death occured at the ilme, data and place, and due to the cause(a) end manner as stated TAME 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print 9 CYORIA 3400

32 REGISTRAR'S DIGNATURE

#11,FilmG719 1/13/95 kam per evidence

DANDRID

6. AGE (In yrs. last birthday)

D h

5. SEX

1 M 2 F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

UNDER 1 YEAR

DAYS

IF UNDER 24 HRS

HOURS

FOR

1 -

STATE REGISTRAR

OhN

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Lest)

21234 MD 20c. LOCATION - City or Town, State CAROLINE ST 21213 Approximata Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 TYES NO 29d. DATE SIGNED (Month, Day, Year) 95 **DHMH-18 Rev 1/89**

31. DATE FILED (Month, Day, Year)

u 4 1995

		1 - STATE STATE CERTIFICATE CERTIFICATE	TE OF DEATH	REG. NO.						
		1. DECEDENT'S NAME (First, Middle, Lest) TAMES DIXON		2. DATE OF DEATH MONTH DAY	YEAR 1 208 A M					
P		4. SOCIAL SECURITY NUMBER 247383975 1 1 M 2 F 6 6 YRS.	DER 1 YEAR IF UNDER 24 HRS. 8 DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/22/928	8. BIRTHPLACE (State or Foreign Country)					
2, 3 should	стов	Merry Medical Center Ba	TY, TOWN OR LOCATION OF D Itmore, MD							
—"	[[[RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY TOWN	N OR LOCATION		10d. INSIDE CITY					
регтіт. Pages	P. B.	mo BA	ILT		1 PYES 2 NO					
. ust	FUNERAL	100. STREET AND NUMBER 503 MC ELGERRY ST 30 11. MARITAL STATUS 12/MAS DECEDENT EVER IN U.S. ARMED 1	21212	10g. C	US A					
-UUZU ing physician. the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 DNO IF YES, GIVE WAR OR DATES	3. WAS DECENDENT OF HISPA If yee, specify Cuban, Mexico 1 YES 2 MO Specifi		14. RACE — American Indian, Black, White, atc. Specify: BLACK					
the hospital or attending detached for use as the once.	ETED	(Specify only highest grade completed) (Give kind of work do	ie. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY							
the hospital detached to	4	(D) LABOR CONSTRUCTI								
के दिन	BE CC	ERNETT DIXON HESTER Thomas								
e retained e 5 should notified	10			Route Number, City or Town, Stete, ST BA 4 m;						
6 may be ector, page		20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISP	OSITION (Name of	DATE 20c. LOCATION	- City or Town, Stata					
Page la dir		21. SIGNATURE OF FUNE AL SERVICE LICENSEE 2	2. NAME AND ADDRESS OF FA	1/6 BACT.	APOLINE ST					
2 2 3 3		of atreux Bitte	BETTS FUNE	CAL HOME BA	4 mo 212/3					
		PART i. Enter the diseases, pr complications that caused the death. Do not ent ahock, pr heart fallure. List pnly one cause pn each line. IMMEDIATE CAUSE (Finel		th as cerdiec or respiratory	srrest, Approximate Interval Between Onset and Death					
ted within 24 hours completely filled in ial, cremation, or re event, the med		disease or condition resulting in death) a. Septic Shoc	K		4 days					
and and math	NOI	Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF):	pneumonia		4 days					
ate be sysician prior t	RTIFICATION	if any, leading to immediate	cancer		month					
Hygie	ш	resulting in death) LAST								
E See	LC	PART II. Other aignificant conditions contributing to death but not resulting in the	underlying cause given in	Part I. 24a. WAS AN AUTOPS						
and and and	MEDICAL			PERFORMED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?					
The law requires the has been sign at Dept. of Healt BM 23 shows		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES	NO UNCERTAL	N D	1 TYES 2 NO					
The far has ate De may 2 mm 2	SICIAN:	28. PLACE OF DEATH (Che EXAMINER? 1 YES 2 N NO		A D Other (Case)						
NG PHYSICIAN: The language this certificate has eath with the State Depmarked, or item 23	PHY	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) Month, Day, Year)	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY (OCCURED					
OR ATTENDING FOR THE CONTROL OF THE	ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined determined 28e. PLACE OF INJURY — At home, farm, street, fi		28t. LOCATION (Street end Num City or Town, State)	ber or Rural Route Number,					
OR AT DIRECT	ET									
HOSPITAL (OMP	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of exemination and/or investigation, in m								
TO THE HE BE		29b. SIGNATURE AND TITLE OF CERTIFIER Philip Lin, MD intern	POBI		DATE SIGNED (Month, Day, Year)					
0=	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Philip Lim, MD Mercey Medical Cen	er 301 St. f	BO Paul Place, Bo	altimore, MD					
		31. DATE FILED (Month, Pay, 1991)		f						

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shoun be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: Il item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.

as the burial-transit permit. Pages 1, 2, 3 should

Tending physician.

AMB 21215-0020

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CEI		ICATE O				REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	·						2. DATE OF				3. TIME OF DEATN
1	Richard			ECK	LOFF			Janua	rv 1		995	4:30 p M
		5. SEX 6. A	GE (In yrs. lest b	oirthday)	IF UNDER 1 YEAR		R 24 HRS.	7. DATE OF	BIRTH	, -	8. BIRTN	PLACE (State or Foreign
	213–32–0728	M 2 □ F	59	YRS.	MONTHS DAY:	HOURS	MIN.	(Month, D	97. 70an) 2 7 –35	5	Country	MD
	On FACILITY NAME, Franklin Son	uare Hospita	al		9b. CITY, TOW	N OR LOCAT	ION OF DE				JNTY OF D	
OR	90. FACILITY NAME, Franklin Square Hospital Frenklin Square Hospital Baltimore Cou									e County		
ᇈ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			40 - 017	V 70111 07 10					Dar	TIMOT	
DIRECTOR		Baltimore		10c. ÇI1	Y, TOWN OR LO	ATION						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				10f. ZIP COD	E			10- 017	175N 05 N	1 YES 2 NO	
FUNERAL	5015 Anntana Ave				- 1	IOI, ZIF COD	2120)6		10g. CITIZEN OF WHAT COUNTRY? USA		
N N	11. MARITAL STATUS 1:	2. WAS DECEDENT EVI	ER IN U.S. ARME						OBIGIN2 (Specify Veg or No. 14 BACE			— American Indian,
	1 Never Married 2 Married	FORCES? 17 Y	ES 2 NO		If yes,	specify Cubi	m, Mexica	in, Puerto Rice		0.110	Black	, White, atc.
ВУ	3 Widowed 4 Divorced		DAILE		1	ES 2 NO	Specif	у.			Specif	white
COMPLÉTED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION mpleted)	18a. DECE	DENT'S	USUAL OCCUPA work done during	TION most of worki	na	16b, KII	ND OF BUS	SINESS/IN	DUSTRY	
#	Elementary/Secondary (0-12)								- CL	7	7	Daniel
\$				1)	river						uto 1	Parts
B	17. FATNER'S NAME (First, Middle, Last) Millard F. Ecklo	ff Sr						ME (First, Midd	lle, Malden	Sumame)		
出	19a. INFORMANT'S NAME (Type/Print)	TT DI.	Lance					Baer				
임	Patricia Eckloff		50)15	Anntani	15 Ann	tana	Ave. Bal	timor	e, Md	1206	06
	20a. METHOD OF DISPOSITION				OF DISPOSITION		• 100	DATE	Y	-	City or To	
	1 U Burial 2 Cremation 3 U Ramoval from State cemetery,						1	-5-95				ENTRE NO.
	21. SIGNATURE OF FUNERAL SERVICE LICEN		TIC CI.	.00	22. NAME	AND ADDRE	SS OF FA	CILITY				Le, MD
	Cvach/Rosedale Funeral Home 1211 Chesaco Ave.											
\dashv	23. PART I. Enter the dieeeses, Dr con	1)200	3									
	enock, or heart fellure. Lis	t Dnly Dne ceuee D	Teach line.	n. DD 1	iot enter the r	node of dy	ing, suc	n aa cerdiec	or reapi	ratory er	reat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	A + homogo	lomotic									Onset and Death
	resulting in deeth) a	Atherosc	AS A CONSEQU		n.							
,	Cardiovascular disease											
5	Sequentially liet conditions, if any, leading to immediate		AS A CONSEQU									
S	cause. Enter UNDERLYING CAUSE (Disease or injury											
E	thet initieted events resulting in deeth) LAST	DUE TO (OR /	AS A CONSEOU	ENCE OF	F):							
CERTIFICATION	d.	-										
	PART II. Other algnificant conditions of	contributing to deet	th but not ree	ulting I	n the underly	ing ceuee	given in	Pert I. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS
DICAL	Acute bronchitis								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
111	Adenocarcino	ema of s	12. 14	na				_ ''	ES TES 2	□ NO	Ì	OF DEATH?
W ::	DID TOBACCO USE CONTRIB	BUTE TO CAUSE	OF DEATH	7	S NO		ERTAI	v n				1 PES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				N (Check only or		20171717	, 🖂				
Sic		OSPITAL: Inpetient 2X ER/	Outpatient 3 🗆	DOA	OTHER: 4 Nursing N	ome 5 🗆 Ri	ealdence	6 Other (Se	pecify)			
Ŧ	27. MANNER OF DEATN	28a. DATE OF INJU (Month, Day, Yes		28b. TIMI	E OF 28c. I	NJURY AT		28d. DESCRI	-	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	(11111111111111111111111111111111111111				YES 2] NO					
	3 Suicide 8 Could not be	28a. PLACE OF INJ building, atc. (URY — At home Specify)	, ferm, e	street, factory, of	fica		28f. LOCATIO	ON (Street a	nd Numbe	or Runal A	oute Number,
ETE	4 Homicide detarmined											
4	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIA											
COMPLETED	one) 2 MEDICAL EXAMINER: (On the basis of axamin	ation and/or inv	eatigatio	n, In my opinion	death occu	red at the	time, data and	placa, and	d due 10 1	he cause(a)	and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dep									(Month, Day, Year)			
10	Tay Clam	Utt	1 M	1		10	401	170		> /	- 3	-94
	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF	DEATH (ITEM 2	27) (Type,	Print)							
	31. DATE FILED AN 000 4 1995	32 AEGISTRANS S	CHRUTANOIS CLAC NON	falle								
		10										- 1

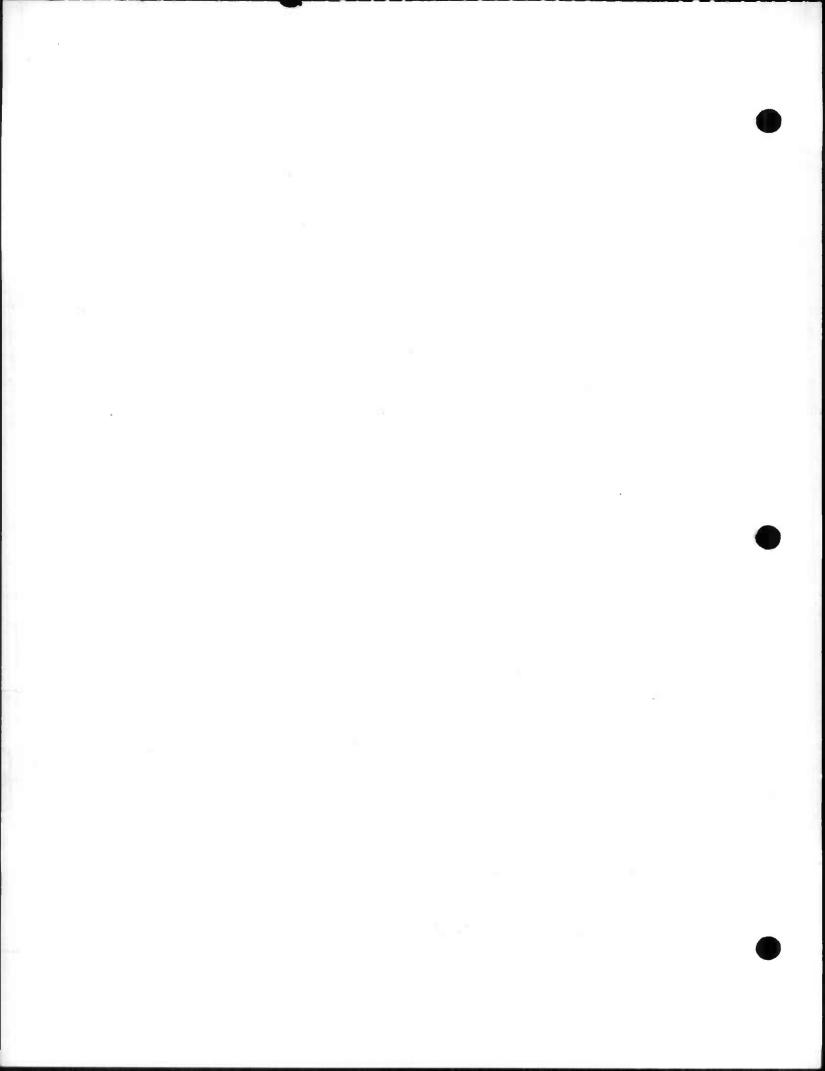
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 54 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

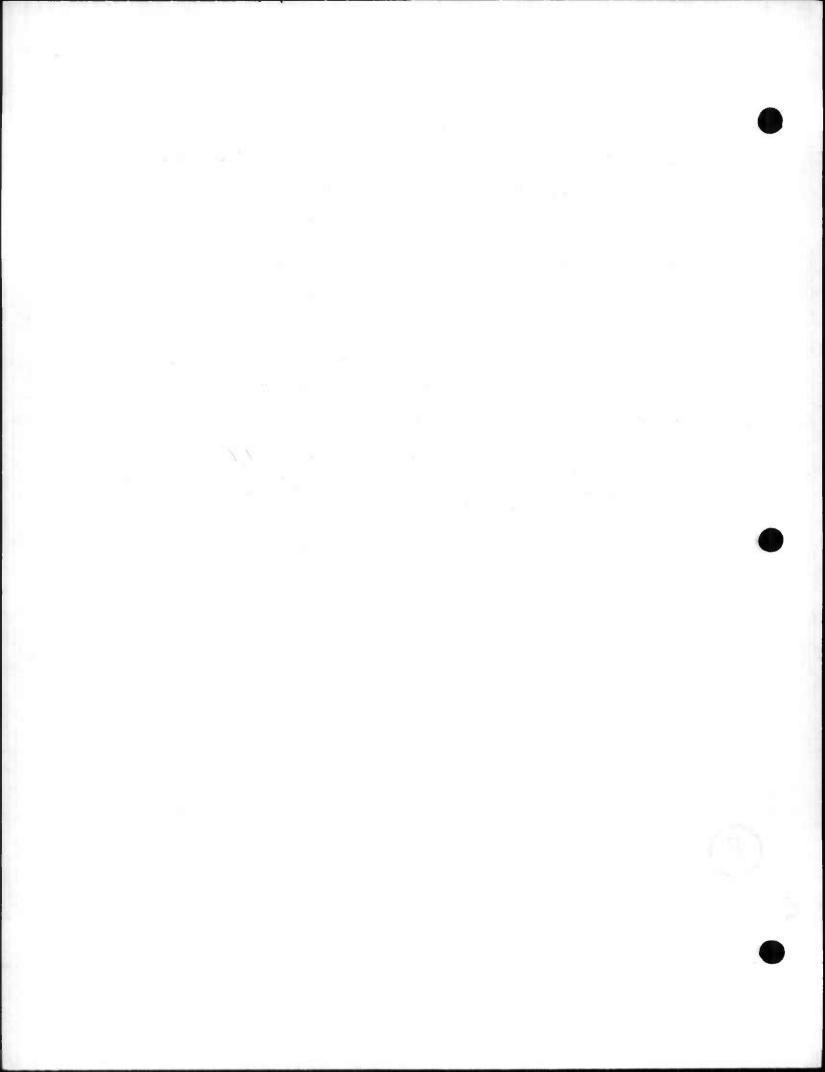
	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO	_				
	1. DECEDENT'S NAME (First, Middle, Last) HARRY D.	FEE, Sc.			2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH 95 4:22pm M			
	4. SOCIAL SECURITY NUMBER 216-01-7002	1 🕅 M 2 🗆 F		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
OR	90. FACILITY NAME (If not institution, give: Westminster	A		CITY, TOWN OR LOCATION OF E Vestminster		Carro				
DIRECTOR	100. STATE 100. COUNT HOW		10c. CITY, TO	OH City			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	3357 N. Chat		pt. G	101. ZIP CODE 2/243	λ	11 1	of WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	NIC ORIGIN? (Specify Yes, Puerto Ricen, atc.)	or No.— 14.	RACE — American Indian, Black, White, etc.					
	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)		life. Do NOT use ret	done during most of working ired.)	16b, KIND OF BU		'RY			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	2	Credit	Manager 18. MOTHER'S N. EVa L	AME (First, Middle, Meiden	Surname) .				
TO BE	100. INFORMANT'S NAME (Type/Print) Gladys I. Fee		196. MAILING ADD	ORESS (Street and Number or Rural	Route Number, City or Tow	n, State, Zip Coo	city, MD 21242			
	20e. METHOD OF DISPOSITION 1	noval from State	b. PLACEAND DATE OF DI metery, crematory of other I	SPOSITION /Name of	DATE 20c. LO	CATION — City				
	21. SIGNATURE OF PURPOSAL SERVICE LA	to a au		1328 Sulphu	r Spring R	e Fundando	eral Home, Inc.			
	23. PART Enter the diseases, or ahock, or heart failure.		d the deeth. Do not e	enter the mode of dying, suc	ch as cardiec or resp	ratory arrest,	Approximate Interval Between			
	immediate cause (Final disease or condition resulting in death)	Perkins		Dise-sa			Onset and Death			
ON	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
HIFICATION	It any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
2	PART II. Other significant condition	d.	but not resulting in th	ne underlying cause given in	Part I. 24a, WAS AN	ALTTORCY	24b. WERE AUTOPSY FINDINGS			
MEDICA	Aspiration Demontion	Preuma			PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE C			N 🗆 📗		1 TES 2 NO			
PHYSICIAN:	EXAMINER? 1 VES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out		HER:	6 ☐ Other (Specify)					
BY PH	27. MANNEB OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? t YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCUR	ED			
5	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)			26f. LOCATION (Street end Number or Rural Route Number, City or Town, State)				
COMPLEIE	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as attend. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as attend.									
O BE C	296. SIGNATURE AND TITLE OF CERTIFIED	Wess. 1	NO	29c. LICENSE NU		29d. DATE SIG	GNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WH	MOSS 1	114 Bus.	iners Conf.	· Diss	, /	Per farform, 10			
	JAN 0 4 1995 Jan	A REGISTRAR GIGA	ATYLE				21136			



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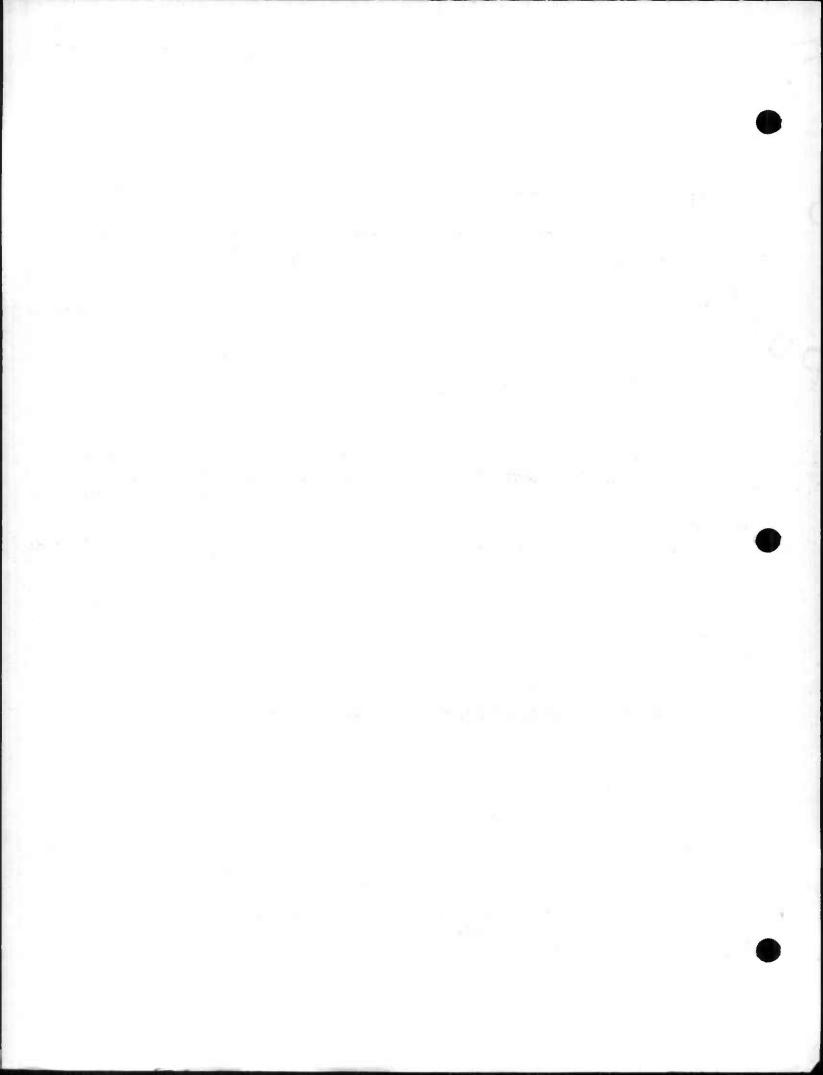
hysician.	UR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detail by the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
spital or attending phys	ed for use as the	
retained by the hos	5 should be detach	otified at once.
h. Page 6 may be	eral director, page	niner must be notif
4 hours after death	filled in by the fund on, or removal.	e medicai exan
executed within	in and completely to burial, crematic	umatic event, th
death certificate b	attending physicia ental Hygiene prior	iry, or other tra
ITSICIAN: The law requires that the death certificate be executed within T4 hours after death. Page 6 may be retained by the hospital or atte	been signed by the . of Health and Me	Is in marked, or item 23 shows any injury, or other traumatic event, the medical examiner mus
HYSICIAN: The law	vith the State Dept	ced, or item 23
EMDING P.	The death w	S is mari

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle,			ARMER		2. DATE OF DEATH MONTH D		3. TIME OF DEATH
CATHERIN 4. SOCIAL SECURITY NUMBER 216-36-6050	5. SEX 6. AGE	(In yrs. last birthday)	FUNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Dey, Year) NOV. 16,1	910 MA	ATTHPLACE (State or Foreign unity) RYLAND
99. FACILITY NAME (If not institution, FALSTON GENERAL RESIDENCE OF DECEDEN	HOSPITAL	9	BELAI	R LOCATION OF DE		Sc. COUNTY O	
10a. STATE 10b. CC			OWN DR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 2619 BRADENBAU			101	ZIP CODE 21161		10g. CITIZEN O	USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D.	1 YES 2 NO If yes, specify Cuban,				ACE — American Indian, leck, White, etc. pecity:	
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mos	N st of working	16b. KIND OF BUS	SINESS/INDUSTR	WHITE
17. FATHER'S NAME (First, Middle, Last PETER	,	LLMAN	MAKER		ME (First, Middle, Maiden		VIIIM
199. INFORMANT'S NAME (Type/Print) JAMES FARMER	- RO.	19b. MAILING AD			NC Number, City or Town E TOWSON,	n, Stete, Zip Code)	
20s. METHOD OF DISPOSITION 1 [X] Burlel 2 Cremetion 3 C 4 Donation 5 Other (Specify)	Removal from State cerr	PLACE AND DATE OF E petery, crematory or other NEW CATHED	DISPOSITION (Na	na of		CATION — City or	Town, State
21. SIGNATURE OF FUNERAL SERVICE			22, NAME AN RUCK	TOWSON	FUNERAL HO	ME INC.	
23. PART i. Enter the diseases, ahock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)	er/complications that colvecture. List only one cause on a	the death. Do not ach line.	bira /	de of dying, such	Deline	ratory arrest,	Approximata Interval Batween Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	b. DUE TO (OR AS A d.	CONSEQUENCE OF):	ere	bro 1	Contus	ion	
PART ii. Other algnificant cond	itions contributing to death b	ut not resulting in t	ha underlying	cause given in	Part I. 24s. WAS AN. PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	NTRIBUTE TO CAUSE O			UNCERTAIN	13		1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Pinpetient 2 ER/Outp	atient 3 DOA 4	THER: Nursing Home	5 - Residence	■ Other (Specify)		
1 Netwer 5 Pending 2 Accident Investigat 3 Suicide 8 Could no	28e. PLACE OF INJURY	28b. TIME OF INJURY 5 // 5 // 5	Py 1 DY	ES 2 ND	28d, DESCRIBE HOW IN	ilded	al Route Number,
4 Homicide determine 29a. CERTIFIER (Check only 1 CERTIFYING P	HYSICIAN: To the best of my knowl	edge, death occurred a	t the time, data	Red Gerra	City or Yown, State) Rd 27 1 to the cause(s) and man	Byldg	8-4
2 AMEDICAL EXAMPLE 29b. SIGNATURE AND TITLE DF CERT	MINER: On the bests of examination	and/or investigation, in	n my opinion, de	ath occured at the			e(s) and manner se stated. ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Prin	MAN TO	10-09	500 /	Bajti	mre md 212
JAN 04 1995	32 REGISTRAR'S SEN	ATURE	1 -11	140		ww m	HI AIII



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		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC				GIENE G. NO.			
		t. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	2. DATE OF DEATH			ATH
		JOHN	FUNKEY	7			JAN	_1. 19	95	6:45	A. M
9		4. SOCIAL SECURITY NUMBER 212-01-5424	1∑ M 2 □ F		F UNDER 1 YEAR KONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, July 2	Year)	8. BIRTHP Country) Mich		Foreign
3 should	~	9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
1, 2, 3	6	Dulaney Towson Nursing & Conv. Center Towson Baltimore County									
permit. Pages	DIRECTOR	Maryland Balt	imore County		hervil				- 1	10d. INSIDE CIT LIMITS? 1 YES 2 TO	
	RAL	10a. STREET AND NUMBER			10	f. ZIP CODE		10g. CIT	ZEN OF WI	HAT COUNTRY?	
transi	INER	1916 Lyden Road	12. WAS DECEDENT EVER I	NII C ADMED	T 42 NB 0 05	21093			USA		
21215-0020 al or attending physician. for use as the burial-transit	BY FUN	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? t YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:					elfy Yea or No— Nc.)	- 14. RACE — American Indian, Black, Whita, etc. Specify: White		
r attending use as the	ED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S U	SUAL OCCUPATI	ON net of working	16b. KIND	OF BUSINESS/INC	DUSTRY		
	LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	1	rk done during mo retired.)		Class	c Commo			
YLAND 2. by the hospital of be detached for at once.	COMPL	17. FATNER'S NAME (First, Middle, Last)		Preside	nt	18. MOTNER'S NA		s Compa	ny		
2 8 E	BE C	William (unknown)) Funkey					Ellen Merrick			
, MARYLAND se retained by the hospit le 5 should be detached notified at once.	5	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) Margaret Michel Funkey 1916 Lyden Road Lutherville, Maryland 21093									
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		20a. METNOD OF DISPOSITION 1 ☐ Burial 2 X Cremation 3 ☐ Rem		b. PLACE AND DATE OF metery, cremetory or other	DISPOSITION /N	_		20c. LOCATION —			
Page 6 direct		4 Donation 5 Other (Specify) Greenmount Crematory Baltimore, Maryland 21. SIGNATUR O JUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY								d	
ALTIN death. Pag funeral dia i.		Mitchell-Wiedefeld Home, Inc.									
		23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory street, Approxim									
no or in		shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final								Between	
with cremation, rent, the		disease or condition resulting in death)								21	na
OX 68760 e be executed with a sician and completely filled infort to burial, cremation, traumatic event, the	į		DUE TO (OR AS	A CONSEQUENCE OF)	9		8/			/	
coecuted compound to burial, matte ev	CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
m = > I	CAT	Cause, Enter UNDERLYING CAUSE (Disease or injury									
	E	that initiated events resulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE OF):							
atten mtal H											
RDS nat the cand the and the the the the the the the the the the	DICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?								245. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
O = 9 = 7	EDIC			1 Nes 2 No		OF DEATH?					
CC 2 2 2 3	2	DID TODAGE USE CONTROLLED TO C								1 YES 2) NO
TAL The taw the has be the Dept.	PHYSICIAN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 24-PLACE OF DEATH (Check only one)									
1/ 15/19/19/19	×8	EXAMINER? 1 YES 2 HO 1 Inpetiant 2 ER/Outpetlant 3 DOA 4 Nursing Name 5 Residence 8 Other (Specify)									
Phristage The central	E	27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE NOW INJURY OCCURED INJURY WORK?									
NO	3	2 Accident Investigation M 1 YES 2 NO						TOOL LOCATION CO.			
DIVISION OR ATTENDAG DIRECTO Auris are death	1	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 28a. LOCATION (Street and Number or City or Town, State)							or Hurai Ho	Iral Route Number,	
목 극 2 두	COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end menner as stated. Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end menner as stated.							end manner as	stated	
E HOSPITAL E FUNERAL d within 72 i	S I	29b. SENATURE AND TITLE OF CERTIFIE	A A			29c. LICENSE NUI				(Month, Day, Year	
TO THE HOSPIT TO THE FUNERA De filed within 7 IMPORTANT: I	00	Dears I.	Jelm	nel	mis	102	325	- 1	121	95	•
	5	30. NAME AND ADDRESS OF PERSON WH									
5		George T. Gilmon 31. DATE FILED (Month, Day, Year)	e. M.D. 17	17 York Ro	oad. Lu	thervill	e. Mary	land 210)93		
_		IAN 0 4 1995 A	LA PREGISTRAR'S GO	dall							



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31. DATE FILED (Month, Day, Year

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S CONATURE

Item7,g-719,1-5-95,perf.h.,dr FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE BEGISTBAR CERTIFICATE OF DEATH REG NO t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR ERMAN 10:32 AM JAN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthden 7. DATE OF BIRTH (Month, Day, Year) 8/5 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 09-2610 MONTHS DAYS 1 4 2 | F HOURS 8/16/17 Balto., Md. 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Northwest Hospital Center Randal1stown Baltimore RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Randallstown Baltimore 1 YES 2 1 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? OAK-HAVEN CRELE 21244 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: Black 1 TES 27 NO Specify: 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Flementary/Secondary (0-12) College (t-4 or 5 +) Koppers Welder 8th 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Hyman Brown Marie Gray 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 21244 Oak Haven Circle Randallstown, Md. Blanche Gray 7224 20a. METHOD OF DISPOSITION
1 □ Burlat □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 1/9/95DATE commatury or other place) 20c. LOCATION — City or Town, State 1 Donation 5 Other (Specify) Garrison Forest Vet. Cem. Owings Mills, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY
I.EROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 nter the diseases, lock, or heart faile AUSE (Final 23. PART L or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, re. List only one cause on tech line. Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** diseese Dr condition_ AKDIORESTIRATOR resulting in death) Sequentielly liet conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated evente resulting in death) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO BLOCK-FACEMAREX COMPLETION OF CAUSE 1 TES 2 NO TENCION t 🗌 YES 2 🗌 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\boxed{1}\) UNCERTAIN \(\Boxed{1}\) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 Impatient 2 ER/Outpatient 3 DOA Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED t Natural Pending 1 YES 2 NO Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) KUU

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21133

 DIVISION OF VITAL RECORDS, P.O. BOX 68760.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within all hours

Pages 1, 2, 3 permit. ysician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit prior to burial, cremation, or removal. Page 6 may be retained by the hospital or attending physician. notified at once. be must medical examiner the event. traumatic the attending physician Mental Hygiene prior to or other n signed by the Health and N shows any has been s Dept. of H 23 this certificate him with the State [6 marked, DIRECTOR: After the hours after death v 28 is it item THE HOSPITAL (
THE FUNERAL D
filed within 72 ha TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II DIRECTOR

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296. SIGNATURE AND TITLE OF CERTIFIER

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Hopkons

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BAYVIEW

32. REGISTRAR'S SIGNATURE

HOSP

Item# 1. G-film 719 per F.H 1/4/95 P.C STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Ruth L. Griffin 630 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 215-07-4348 1 🗌 M 2 💢 F Manyland 1904 0 9b. CITY, TOWN OR LOCATION OF DEATH 9e. FACILITY NAME (If not institution, give street 9c. COUNTY OF DEATH ohns RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10d. INSIDE CITY Baltimore Md. Baltimore 1 TYES 2 X NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 3215 Acton Rd. 21234 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 3 (Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+) Housewile Home. 17. FATHER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Melden Surneme) Katie B. Lynch Elmen L. Pennewill 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) Acton Rd. Balto., Md. 21234 Joan 20e. METHOD OF DISPOSITION

1X Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 4 Donetton 5 Other (Specify) 115 Balto. Cem 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
HARtley Miller Funeral Home
7527 Hanford Rd. Balto., Md. 21234 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ehock, or heert failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition Depsis resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): pamorethe Mass - presumed cancer Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate Dementia cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events reculting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, HOSPITAL OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 TES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28e. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 1 Naturel 5 Pending 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 281, LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 4 Homicide determined 29e. CERTIFIER

(Check crite 1 Check crite 1 Check crite 2 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end manner ee stated. 2 MEDICAL EXAMINER: On the besis of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end manner as stated.

29c. LICENSE NUMBER

95020

29d. DATE SIGNED (Month, Day, Year)

1/1/95

the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The medical examiner must be notified at once. nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 VISTON OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First	t, Middle, Last)							2.	DATE OF DEATH			3. TIME OF OEATH
	Roh	bert	Jos	eph		Green January					3, 1995 12:55 P		
	4. SOCIAL SECURITY NUME		5. SEX	_	In yrs. last birth		ER 1 YEAR	IF UNDER 24 HR	s. 7. I	DATE OF BIRTH	, 13	8. BIRTHI	PLACE (State or Foreig
	212-09-880	00	1XXM 2 ☐ F	NONTH	DAYS	HOURS MIN	A	(Month, Day, Year)	1912		yland		
	9e. FACILITY NAME (If not in	nstitution, give s	street and number)			9b. CI	TY, TOWN	OR LOCATION OF			9c. COU	NTY OF DE	
OR	Greater Ba	altimo	enter			Towson				D-1+	timore		
DIRECTOR	Greater Ba	10b. COUNT										Dali	THOLE
2						. CITY, TOW		ATION					10d, INSIDE CITY LIMITS?
	Maryland		timore Co	unty		Tows							1 TYES 2 NO
FUNERAL					1	Of. ZIP CODE	,		10g. CIT		HAT COUNTRY?		
Ä	8206 Robi	n Hood						2120	_		L,	USA	
	1 Never Married 21	U.S. ARMED	1	If yee, s	specify Cuben, Me	dcan, Pu	RIGIN? (Specify Yes lerto Rican, etc.)	or No-	14. RACE Black,	 American Indian, Whits, etc. 			
ВУ	3 Widowed 4 Divo	TES"		1 🗍 YE	S 2 NO Sp	ecify:			Specify	White			
ED		CEDENT'S EDU			18s. DECEDE	NT'S USUAL	OCCUPAT	TION		16b. KIND OF BUS	INESS/INE	DUSTRY	-
ET	(Specify only Elementary/Secondary (0	College (1-4 or 5+		(Give kin	d of work dor OT use retired	e during m	nost of working						
길	, Joseph (4+	'	Mecha	nical	. Eng	gineer		Pistor Manua:				
COMPL	17. FATHER'S NAME (First, M	fiddle, Last)							NAME //	First, Middle, Meiden		IIB)
Č H	Robert Jos	seph Gi	reen, Sr.	, M.	D.			Jenni		mercer		ctley	,
00	19e. INFORMANT'S NAME (7		-	LING ADDRE	S\$ (Street			Number, City or Town			·		
5	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Acute Number, City or Town, State, Zip Code) 197. MAILING ADDRESS (Street and Number or Rural Acute Number, City or Town, State, Zip Code) 8206 Robin Hood Court, Towson, Marylan											d 21204	
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City of Town												
	20b. PLACEANDDATEOF DISPOSITION DATE 20c. LOCATION — City or Tow 1 Buriel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)												
	21. SIGNATURE OF ELLIPSIAL SOVIDE LICENSEE 22. NAME AND ADDRESS OF FACILITY											2 9 10110	
	Marka	W T	Aury				Mito	chell-Wi	ede	feld Home	e, In	nc.	
	Martin D. Wasoh 6500 York Road, Baltimore, Maryland 2121 23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart fellure. Liet only one cause on each line. Approximate interval Between												
RTIFICATION	Sequentielly list conditi	ilons, idiete iNG	b DUE TO	OR AS A	CONSEQUENC	CE OF):							
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빙	CAUSE (Disease or inju thet initiated events reaulting in deeth) LAS	эт С	d	death h-	it not reculat	ing in the	und-d-d-	no comina di	in D	1 8			
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BY PHYSICIAN: MEDICAL CE	CAUSE (Disease or Injuthet Initiated events reaulting in deeth) LAS PART II. Other algnifice DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Meteral 5 1 2 Accident	ent condition SE CONTI O MEDICAL Pending investigation	RIBUTE TO CAL HOSPITAL: 1 Management 2 26e. DATE OF (Month, Da	JSE OI 2 ER/Outpa INJURY y, Year)	F DEATH 26. PLACE OF without 3 D DC	YES DEATH (Checond of the condition of t	NO Dek only one ER: ursing Hor 28c. IN W	UNCERTA me 5 Residen JURY AT ORK? YES 2 NO	AIN [PERFOR 1 YES 2 Other (Specify) DESCRIBE HOW IN	NO NO	CURED	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	CAUSE (Disease or Injuthet initiated events resulting in deeth) LAS PART II. Other algnifice DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Metural 5	ent condition USE CONTI	RIBUTE TO CAI	JSE OI ER/Outpa NJURY y, Year)	F DEATH 26. PLACE OF 26b. 26b.	YES DEATH (Checond of the condition of t	NO Dek only one ER: ursing Hor 28c. IN W	UNCERTA me 5 Residen JURY AT ORK? YES 2 NO	AIN [PERFOR 1 YES 2 Other (Specify)	NO NO	CURED	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	CAUSE (Disease or Injuthet initiated events resulting in deeth) LAS PART II. Other algnifice DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? 1 VES 2 MO 27. MANNER OF DEATH 1 Matural 5 Accident 3 Suicide 6 4 Homicide	SE CONTI O MEDICAL Pending Investigation Could not be determined	RIBUTE TO CAI HOSPITAL: 1) Hospital: 280. DATE OF (Month, Da) 280. PLACE Of building, (JSE OI ER/Outpu INJURY y, Year) INJURY stc. (Speci	F DEATH 26. PLACE OF attent 3 DC 26b. — At home, fa	YES DEATH (Checon OTHINDA 4 N N N N N N N N N N N N N N N N N N	NO Sek only one ER: ursing House 28c. IN W 1 Incidency, office	UNCERTA me 5 Reelden ijunry AT ORK? YES 2 NO	AIN [28d	PERFOR 1 YES 2 Other (Specify) Describe How in LOCATION (Street a City or Town, State)	NJURY OCC	CURED or Rural Ric	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
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DIVISION OF VITAL RECORDS, P.O. BOX

on an exploid PMSICIAN: The law requires that the death certificate be executed within zar hours after death. Page 6 may be retained by the hospital or attending physician.

RECIDIS filer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be attended, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITATION TO THE FUNITY TO THE FUNITY TO THE PUNITY TO THE PUNITY TO THE PURITY TO THE PURI

1	-	FOR STATE REGISTRAR		STATE	0F	MARYLAND
I	1. D	ECEDENT'S NAME	(First, Middle, Last)			

/ DEPARTMENT OF HEALTH AND MENTAL HYGIENE

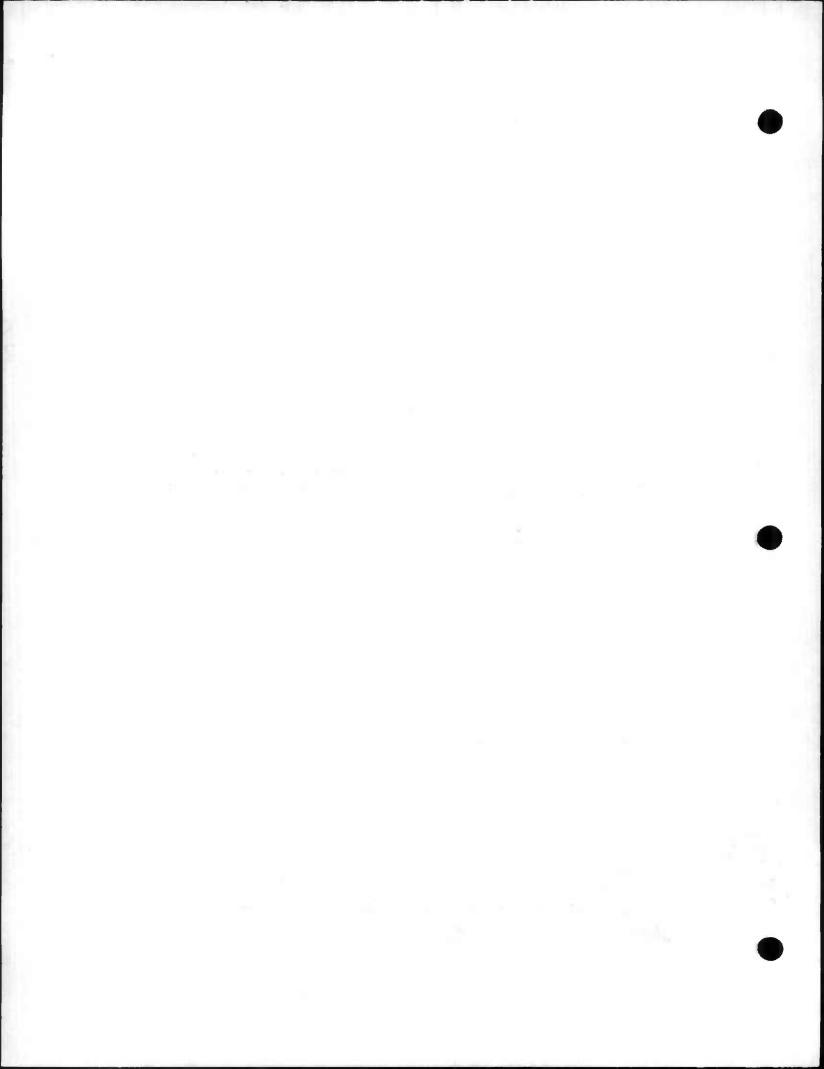
	REGISTRAN		<u> </u>	ENTIF	CATE	UF	DEAL	п	F	REG. NO.				
,	1. DECEDENT'S NAME (First, Middle, Last)	OBEOODY							2. DATE OF MONTH	DA		YEAR	3. TIME OF DEA	тн
	RALPH JOHN 4. SOCIAL SECURITY NUMBER	GREGORY 5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDER 1	VEAR	IF UNDER	24 MDS	JAN 7. DATE OF			995	IPLACE (State or F	M
i	227-01-0020	1 💢 M 2 🗆 F	83	YAS.		DAYS	HOURS	MIN.	Jan.	12,1	1911	Countr	rginia	oreign
_	9e. FACILITY NAME (If not institution, give st	,		96. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF DEATH				
DIRECTOR	6211 Woodland R	ld.		Linthicum						Anne Arundel				
E I	10e. STATE 10b. COUNTY			10c. CITY	, TOWN OR	LOCATI	ION				10d. INSIDE CITY			γ
	Maryland Bal	timore		Baltimore County						LIMITS? 1 YES 2 X NO				
FUNERAL	541 Compass Rd.			101. ZIP CODE 21220					10g. CITIZEN OF WHAT				HAT COUNTRY?	
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1			13. WA	S DECE	ENDENT OF	F HISPANI	IC ORIGIN? (S	ipecify Yes	or No-	14. RACE	— American Indi	len,
B	3 Widowed 4 Divorced	YES 2		1 [YES	X⊠ NO	Specify:	, Poerio Rica	n, etc.)		Speci			
	15. DECEDENT'S EDUC (Specify only highest grade		(G	live kind of w	USUAL OCC	UPATIO	N It of working	9	16b. KII	ND OF BUS	INESS/INC	JUSTRY		
COMPLETED	7th grade	College (1-4 or 5+)	life	. Do NOT us	retired.) Metal				M	rtin	M	بد بالمادية		
8	17. FATHER'S NAME (First, Middle, Last)		1 3	neec	Mecal	. WU			NE (First, Midd			.ecta		
BE C	Edward Duncan G	regory					Al	ice	Masse	у				
5	190. INFORMANT'S NAME (Type/Print) Ralph E. Gregor	У	.19	261 C	address (S Onsta	nt nt	Ave.	or Rural Ri Se V	ern,	Mary]	, State, Zip Land	2114	4	
	20a. METHOD OF DISPOSITION 1 XI Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	eval from State	cometery, cre Gard	ceand date of disposition (Name of cemetory or other place) dens of Faith Cem. 1-6-95					DATE 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 3 c. 3 c					
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	21.				hn F		al Ho	me				
\dashv	23. PART i. Enter the diseases, or c	omplications that	South bester	eth Don	74	101	Bela	ir F	Rd. Ba	lt.im	re.	Md_	21236	
	shock, or heert feliure. L IMMEDIATE CAUSE (Final	lst only one caua	e on aech ilne	9.									Approxim interval B Onset and	etween
	reaulting in death)			ATIC PROSTATIC CANCINOMA 1 JR									TR.	
_			OR AS A CONSE	NSEQUENCE OF):										
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING		R AS A CONSE	DINSEQUENCE OF):										
	CAUSE (Disesse or injury that initiated eventa	DUE TO (C	OR AS A CONSEC	SEQUENCE OF):										
EH	resulting in death) LAST													
- 14	PART ii. Other significant conditions	contributing to d	eath but not r	resulting is	the unde	rlying	csuse gi	iven in F	Part I. 24	. WAS AN	NUTOPSY	24b.	WERE AUTOPSY F	INDINGS
DICAL				070						PERFOR		1	AVAILABLE PRIOR COMPLETION OF	TO
WEG									_ ' '	120 2			OF DEATH?	NO
AN:	DID TOBACCO USE CONTR	IBUTE TO CAU	SE OF DEA	TH YE	S NO	D 日	UNCE	ERTAIN						
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC		OTHER:	y one)		/						
HYS	1 VES 2 NO	1 🗆 Inpatient 2 🗆 I		□ DOA	4 - Nursing				Other (Sp					
<u>م</u>	1 Natural 5 Pending	. 28e. DATE OF III (Month, Day	Year)	28b. TIME	IRY	WOR	HK?		26d. DEŞCRI	BE HOW IN	JURY OC	CURED		
ED B	3 Suicide 6 Could not be	26e. PLACE OF building, el	INJURY — At ho	me, lerm, si	reet, factory	, affice			281. LOCATIO	N (Street a	nd Number	or Rural A	loute Number,	
CELE	4 Homicide determined								ony or no	wii, Gially				
MPC	29e. CERTIFIER (Check only one)													
ō	2 MEDICAL EXAMINER	t: On the besis of exa	mination end/or	investigation	, in my opin	ilon, de	ath occure	d at the ti	lme, date end	piece, end	due to th	e ceuse(s)	end menner es s	tated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	A	Heus	4			29c. LICEN	NSE NUME	BER 7 (29d. DATI	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	1. ~				1	1 1-0	10 /	100		10	12.	2
	31. DATE FILED (MORTHARDACHER)	UNISRA HAPERISTAN	Aveilatibe	16	200		VIIN	ne	77#	106	2 6	un	2106	
	JAN 0 4 1995	A PURCHASION	1										2106	1

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DIRECTOR: hours after

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within extrooms after death. Page 6 may be retained by the host	URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached hours after death with the State Dent, or Health and Mental Mojere prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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OR	DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune in hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	E
-	N. EV	=

	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR CERTIF	TMEN	T OF H	EALTH DE AT	AND	MENTA	L HYGIE			
	1. DECEDENT'S NAME (First, Middle, Lest) Norma	Eva Hamilto				<u>ULA</u>		MONT	OF DEATH	3, 19	YEAR	3. TIME OF DEATH
92	4. SOCIAL SECURITY NUMBER 220-03-1569	6. AGE (In y	rs. 'last birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mont	of BIRTH h, Day, Year) Ch 23	T		IPLACE (State or Foreign
TOR	99. FACILITY NAME (If not institution, give stree Good Samaritan Hos)					re C				9c. COUN	ITY OF D	EATH
DIRECTOR	Md . 10s. COUNTY			y, TOWN alti					-			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3705 Ina Avenue					21206					USA	WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 1 YES : IF YES, GIVE WAR OR DATE	2 NO	1.3	It yes, sp		ı, Mexica	in, Puerto	17 (Specify Yo Rican, etc.)	s or No—	14. RACI Black White	E — American Indian, k, White, etc. VC
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	TON 16 Ton Ton Ton Ton Ton Ton Ton Ton Ton Ton	e. DECEDENT'S (Give kind of v life. Do NOT us Homemal	vork done e retired.)	CCUPATIO during mo	ON st of working	g	161	. KIND OF BU	JSINESS/INO	USTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) John Thomas Shanaha	an				18. MOTH	izab	ME (First, eth	Middle, Meide Pierce	n Sumame)		
TO B	Charles A. Hamilton	n Sr.	196. MAILING 3705	Ina	s (Street e Aven	ue Ba	or Rural I	More	ber, City or To	wn, State, Zip 21206	Code)	
53400	2(Ja. METHOD OF DISPOSITION Y Buriel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	Dı	ACE AND DATE OF STREET AND DATE OF STREET	Vall	ev M	em. 1	/6/	95	Cod	ckeys v	ille	e. Md.
	James 7. Gr	ladden		5	305	Harf	ord	Road	d, Bal		e, N	inc. Maryland
NO	23. PARY I. Enter the diseases, or conshock, or heart failure. Lis iMMEDIATE CAUSE (Final disease or condition resulting in daeth)	A CUTE OUE TO (OR AS A CO	ONSEQUENCE OF	00								Approximate Interval Between Onset and Daath Hours
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.											
AL	PART II. Other algorificant conditions of	ontributing to death but i	not resulting l	n tha ur	idarlying	cause g	iven in	Part i.	24a. WAS AF PERFO 1 YES	RMEO?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB		DEATH YE			UNC	RTAIN	v 🗆				1 TYES 2 NO
SICI	EXAMINER?	OSPITAL: Inpetient 2 X ER/Outpetie		OTHER	R:	5 🗆 Res	Idenca	8 🗆 Othe	r (Specify)			
- 1	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF URY M	28c. INJU	JRY AT RK?	MO.	28d. OES	CRIBE HOW	INJURY OCCI	URED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, term, s	treet, fact			NO	281. LOC City	ATION (Street or Town, State	and Number o	or Rurel A	loute Number,
COMPLETED		N: To the best of my knowledg										and menner se stated,
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	di'm				29c. LICE!	VSE NUM	IBER		29d. DATE	SIGNED	(Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO C A. H. Ghiladi				. Tr	าพรดท	. M=	arvla	and 21	204		
	JAN 04 1995	32. PEGISTRAR'S SIGNATU			,		,					



			1 - FOR STATE OF MARYLE REGISTRAR	AND / DEPARTM CERTIFICA	ENT OF H	EALTH AND	MENTAL HYGIEN		
			1. DECEDENT'S NAME (First, Middle, Last)	4			2. DATE OF OEATH MONTH DA		3. TIME OF OEATH
			GUINCY EDNA HEAT				1- 2		м
P			212-34-8740 10 M2 BF 5		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year) 2-16-39	a. BiR	THPLACE (State or Foreign entry) N.C.
2. 3 should		ECTOR		21205	BALT	R LOCATION OF DI	EATH	9c. COUNTY OF	DEATH
es 1		EG	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	10c. CITY, TO	OWH OR LOCAT	ION			10d, INSIDE CITY
permit. Pages		L DIR	MD 10s. STREET AND NUMBER	E	BALT				1 PYES 2 NO
		FUNERAL	805 N. MONTFORD AVE		107.	21205	-	10g. CITIZEN OF	S A
5-0020 nding physician. is the burial-transit		BY FUR	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIYE WAR OR DA	2 1 NO	If yes, spe	ENDENT OF HISPAI city Cuben, Mexica 2 NO Specifi	NIC ORIGIN? (Specify Yearin, Puerto Rican, atc.) y:	Ble	CE — American Indian, ack, White, atc.
21 afte		ETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	16a. OECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mos	N at of working	16b. KIND OF BUS		
CA ²⁸ 8	ď	COMPLE	Elementary/Secondary (0-12) College (1-4 or 5+)	BUS	AID		TRANS	PORTA	TION
	Once.	00	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Meiden		
RYL ed by	ed at	BE	ZENNO SMITH				E MAE		65
MAR retained 5 should	notified	5	John HEATH	805 /			Ploute Number, City or Town		21205
пау be	st be		20a. METHOD OF DISPOSITION 20b.	PLACE AND OATE OF DE	SPOSITION (Nat	na of	DATE 20c, LO	CATION - City or	
Page 6 ul directo	r must		4 Donation 6 Other (Specify)	etery, crematory or other p			The second leaves and the second	LT. mz	
ALT death.	al. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	>	BETT	S FUNE	EKAL Hom	E BA4	MO 212/3
E S	or remov		23. PART I. Enter the diseases, or complications that ceused shock, or heert fellure. List only one cause on each	the death. Do not e	enter the mod	de of dylng, suc	h es cerdiec or respi	ratory srrest,	Approximate
24 hours filled in	ion, or		IMMEDIATE CAUSE (Finel		(Interval Between Onset and Death
within pleteh	cremal event,		resulting in death) a. UNIIN IN	CONSEQUENCE OF):	_)				Imos
executed and com	(d)	Z	- Small (3 CAR	RUNOM	A		19 mas
Cia to C	rior to buri	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE OF):			(•		1770
Certificate ding physi	ther t	FIC	CAUSE (Disease or Injury C.	CONSEQUENCE OF):					
0 - 5	or o	ERTIFIC	resulting in death) LAST					3	
DS, P the death the atten	injury,	0	PART II. Other algorificant conditions contributing to death be	ut not regulting in th	na underlying	cause given in	Part I. 24s, WAS AN	AUTODEY 2	Nb. WERE AUTOPSY FINDINGS
that if	amy in	MEDICAL					PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
L RECO	S 45	Σ.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	F DEATH YES I	□ № □	UNCERTAIN			1 YES 2 NO
I AL The lan	Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (C	check only one)	OTTOLKIAII	<u> </u>		
CIAN:	or it	YSI	1 YES 2 NO 1 Inputient 2 ER/Output		HER: Nursing Home	5 - Residence	6 Other (Specify)		
PHYSI C	marked,	ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME OF INJURY	WOF	RY AT RK? ES 2 NO	26d. DESCRIBE HOW IN	JURY OCCURED	
TIEN TO	after d	TED	2 Accident investigation 3 Suictde 6 Could not be detarmined 25s. PLACE OF INJURY building, stc. (Special Countries)	At home, term, street	t, factory, office		251. LOCATION (Street a City or Town, State)	nd Number or Rurel	I Route Number,
	72 hours	립	CERTIFIER (Check only one)						
HOSPITAL FUNERAL		COMPLE	2 MEDICAL EXAMINER: On the basis of examination	end/or Investigation, In	my opinion, de	ath occured at the	time, data and place, and	due to the cause	(a) and manner as stated.
THE F	MPORTAIN	#	BIOGRATURE AND TITLE OF CERTIFIER WAY IS MI			M218		29d. DATE SIGNE	O (Month Day, Year) 4 95
•		٩	JOHNS TOPKINS HOSPITAL 600				MORE M	1 21	287
			31. DATE FILED (Morith, Day, Year) 32. REGISTRAR'S SUCA	TURE		رراردار	MONE IN	W FI	~ 0 1
	L		.IAN 0 4 1995 July 20 20 20 20 20 20 20 20 20 20 20 20 20						

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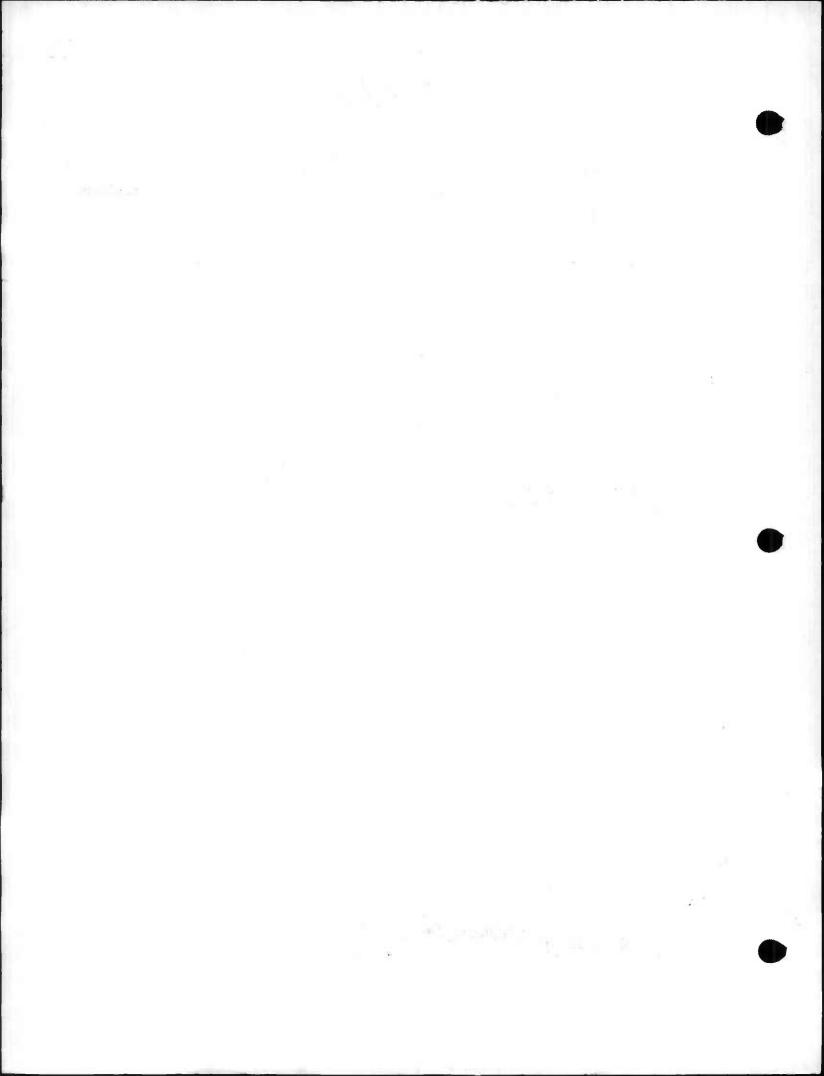
DAVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPIAL OBATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL ORFETTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 7- hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hom 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLI	AND / DEPARTMENT OF HEA CERTIFICATE OF D	ALTH AND MENTAL	HYGIENE REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE O	OF DEATH	3. TIME OF DEATH								
	Frank Benjamin Hagenl	oucher	MONTH 1		95 9:46 A M								
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (UNDER 24 HRS. 7. DATE O	OF BIRTH 8, I	BIRTHPLACE (State or Foreign								
	150-10-4459 ★★ 2 □ F	9b. CITY, TOWN OR L	10/8		ew Jersey								
œ	Northwest Hospital				ltimore								
DIRECTOR	RESIDENCE OF DECEDENT	Railua	alstown										
뿐	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION			10d, INSIDE CITY LIMITS?								
	Maryland Baltimore	Middle Riv			I TES 2 NO								
MA	10. STREET AND NUMBER		P CODE	1 '	OF WHAT COUNTRY?								
FUNERAL	10 Right Wing Drive		21220		S.A.								
	11. MARITAL STATUS 1 Never Merried 12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO If yes, specify	DENT OF HISPANIC ORIGIN? y Cuben, Mexican, Puerto Ri		RACE — American Indian, Black, White, etc.								
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DA	TES 1 TES 2	NO Specify:		Specify: White								
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16s. DECEDENT'S USUAL OCCUPATION	16b. I	KINO OF BUSINESS/INDUST									
ᇦ	Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work done during most of life. Do NOT use retired.)	f working										
M M	Unknown	Carpenter		Constructi	ion								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	18	. MOTHER'S NAME (First, Mi										
BE	John Hagenbucher		Selma The										
<u>و</u>	19e. INFORMANT'S NAME (Type/Print)	19b. MAJLING ADDRESS (Street and A											
	James Poling	14061 Lewisbu											
	1 X Burial 2 Cremellon 3 Removal from State cem	PLACE AND DATE OF DISPOSITION (Name of etery, crematory or other place)											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	rleigh Cemeter	V 1/4/95	<u> Camden N</u>	ew Jersey								
	1 hunt Soundayens		inski Fune	eral Home	P.A.								
\vdash	July Start	1407 O	ld Easter	n Ave.Balt	.MD.21221								
	23. PART I. Enter the diseases, or complications that ceused ahock, or heart failure. List only one ceuse on estimated in the ceuse of the ceuse of the ceuse or condition resulting in death) DUE TO (OR AS A	consequence op:		ec or respiratory strest,	Approximate interval Between Onset and Death								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate												
8	ceuse. Enter UNDERLYING CAUSE (Disease or injury												
띮	that initiated events resulting in deeth) LAST	CONSEQUENCE OF):											
Ë	d												
AL C	PART II. Other significant conditions contributing to deeth be	at not resulting in the underlying ce	euse given in Part i.	24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS								
2	Centrola d	white	3-3111 5 5	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE								
밀				TES ES NO	OF DEATH?								
=													
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		E OF DEATH (Check only one))									
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outp	oTHER:	Residence 8 Other	(Specify)									
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJURY WORK?		CRIBE HOW INJURY OCCUR	EO								
ВУ	1 Netural 5 Pending 2 Accident Investigation		2 NO										
	building, etc. (Spec	— At home, ferm, street, factory, office		TION (Street end Number or F r Town, State)	Rurel Route Number,								
COMPLETED	29e. CERTIFIER (Check only one)												
ő	one) 2 MEDICAL EXAMINER: On the basic of examination	and/or investigation, in my opinion, death	occured at the time, date e	and place, end due to the ce	suse(e) end manner ae stated.								
BE (29b. WONATURE AND TITLE OF CERTIFIER	29	c. LICENSE NUMBER	29d. DATE SI	GNED (Month, Day, Year)								
10	your ne		1)27123	► 1/3	3/58								
	30. NAM AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Print) MA ST	Reigh	- town m	-0 2/131								
	JAN 0 4 1995	極											

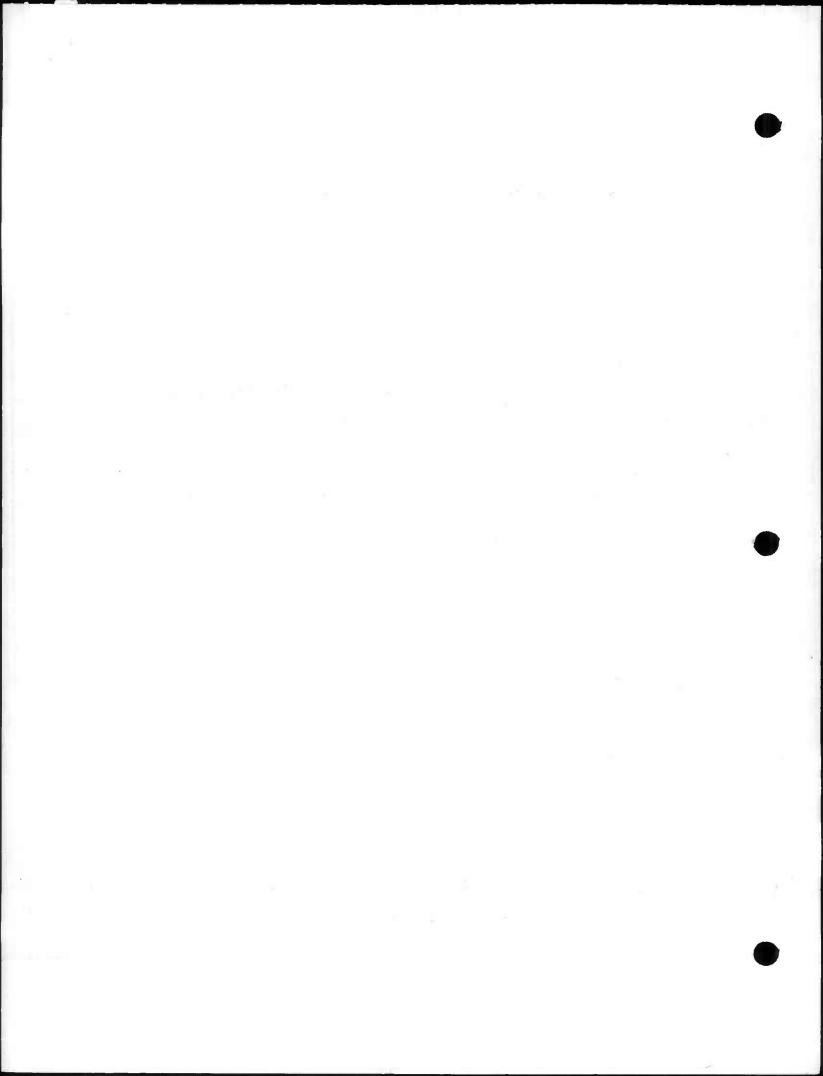


BALTIMORE, MARYLAND 21215-0020	rections. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HARPITAL OF PITE NOING PHYSICIAN. The law requires that the death certificate be executed within 24	TO THE GIVES OF MECHAL After this certificate has been signed by the attending physician and completely filled in by the foreign managed principles of the first in the State Dept. of Health and Mental Hygiene prior to bun'al, cremation, or removal,	IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

	STATE OF MARYLAN	D / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
t, Middle, Last)		KARES	2. DATE OF DEATH MONTH DAY	

	1. DECEDENT'S NAME (First, Middle	a, Last)			1					2. DATE OF				3. TIME OF DEATH
	KOBER	T	The	omas	<	AR	E	5		MONTH	DA!	N 19	7G-5	7:40 PM
	4. SOCIAL SECURITY NUMBER	5.	5. SEX 6. AGE (In yrs. lest b			rthday) IF UNDER t YEAR IF UNDE			UNDER 24 HRS. 7. DATE OF BIRTN			8, BIRTHPLACE (State or Foreign		
- 1	218-07-0310	1	M 2 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	ny, Year)	2	Country)
	9a. FACILITY NAME (If not institution		7	01		May 16, 1913							NTY OF DE	Maryland
DIRECTOR	Good Samaritar	n Hos				1		more				70.000	51 56	
E C		COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION		_				10d. INSIDE CITY
	Maryland							City	/_					LIMITS?
₹	100. STREET AND NUMBER							f, ZIP COD				10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	2915 Louise Av							2121					U.S	.A
2	11. MARITAL STATUS 1 Never Married 2 X Merrie		FORCES? 1							NIC ORIGIN? (S		or No-	14. RACE Black,	- American Indian, White, etc.
B	3 Wildowed 4 Divorced		IF YES, GIVE WA					2 X NO					Specify	
	15. DECEDENT	'S EDUCATI	ION	180	. DECEDENT'S	USUAL O	CCUPATION	ON		16b. KIR	IO OF BUSI	NESS/INC	HISTRY	White
COMPLETED	(Specify only highe: Elamentary/Secondary (0-12)	st grade con	oliege (1-4 or 5 +)		(Give kind of life. Do NOT u	work done	during mo		ng		. 5. 5031			
ᆲ	Unknown		onege (1~ or 5 +)		Cle	erk					Race	Tra	ck	
8	17. FATNER'S NAME (First, Middle, L	asi)						18. MOT	NER'S NA	ME (First, Midd				
BE C	Thomas				Kares				lore		Eliz		h E	Brown
	19e. INFORMANT'S NAME (Type/Prin				19b. MAILING	ADDRES	\$ (Street			Route Number, (
임	Mrs. Shirley K	(ares			Same	as #	10							
- 1	20a. METHOD OF DISPOSITION 1 X Burlel 2 ☐ Cremetion 3	Removel	from State		CEANDDATE	there elecal				OATE			City or Tow	
	4 Donation 5 Other (Specif	y)			cremetory or o	St	ani	slaus	1/6	/95	/95 Baltimore, Md.			
	21. SIGNATURE OF FUNERAL SERV	ICE LICENS	BEE Paul L	. Hart	sock,Jr.	r. 22. NAME AND ADDRESS OF FACILITY Baltimore, Maryland								land 21214
-	Haw L. D	auto	rek I	2.		Leonard J. Ruck. Inc. 5305 Harford Ro								
	23. PART i. Enter the disease shock, or heart fa	s, or com	plications that	caused the	daath. Do i	not anter	tha mo	ode ot dy	Ing, suc	h ss cardiac	or respire	atory an	rest,	Approximats interval Between
	IMMEDIATE CAUSE (Final				*******									Onset and Daath
1	disease or condition	a	CER	EB	RO	VA	SCI	24	TR	ACC	JOL	TY	-	
	and the		DUE TO (C	OR AS A CON	SEQUENCE O	F):	- ^	-	\\ \ -		A			
z I	Sequentially list conditions,	b	H	1GH			00	1	RE	-220	RF			
ĔI	if any, leading to immediate		DUE TO (C	OR AS A CON	ISEOUENCE O	ERERRAL IN PARC								
<u> </u>	CAUSE (Disease or injury	C	DUE TO (C	RH			SKE	75	11	2 LLU.	501			
	that initiated eventa resulting in death) LAST		DUE 10 (C	m as a con	ISEQUENCE O	r):								j l
CERTIFICATION		d												<u> </u>
- 41	PART ii. Other aignificant cor								given in	Part I. 24	. WAS AN A			WERE AUTOPSY FINDINGS
EDICAL	CONGE	STU	VE H	SAR	TF	411	NR	E			PERFORM	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
										'	J %	1.00		OF DEATN?
_	DID TOBACCO USE C	ONTRIB	UTE TO CAU	SE OF D	EATH YE	S 🔲	NO [JUNC	ERTAII	V M				
Y S	25. WAS CASE REFERRED TO MEDI EXAMINER?	ICAL			LACE OF DEA	TN (Check	only one)	_						
š	1 TES 2 NO		OSPITAL:	ER/Outpatien	t 3 🗆 DOA	OTHEI		ne 5 🗆 Re	sidence	8 Other (Sp	necity)			
PHYSICIAN:	27. MANNER OF OEATH		28e. DATE OF IN (Month, Day,		28b. TIM		28c. INJ	JURY AT		28d. DESCRI		JURY OC	CURED	
B	1 Natural 5 Pendin 2 Accident Investig		(, ,,,,		М	1 🔲		NO					
- 10	3 Suicide 8 Could	not be	28a. PLACE OF building, at	INJURY — A	t home, farm,	street, fect	tory, offic	in .		28f. LOCATIO	N (Street en	d Number	or Rural Ro	oute Number,
	4 Nomicide determine									Only or 10	, State)			
ן ב	29s. CERTIFIER (Check only	PNYSICIA	: To the best of m	y knowledge	, dasth occurr	ed at the t	time, data	and place	, end due	to the couse/s) and mann	or os stet	ed.	
													end manner es stated.	
		(AMINER: 0	One) 2 MEDICAL EXAMINER: On the besis of examination end/or in											
- 11								29c, LICI	INSE NUM	ARER .		204 DATE	E SIGNED /	Month Day Mark
BE COMPLETED	29b. SIGNATURE AND TITLE OF CE		TEY	MD				29c. LICI	-	1 1		29d. DATI	FINED (Month, Day, Year)
- 11	29b. SIGNATURE AND TITLE OF CE	RTIFIER	TEY	MD OF DEATH (ITEM 27) (Type,	Print)			-	618		P J	FTN	Month, Day, Year) 2ND 1995
#	29b. SIGNATURE AND TITLE OF CE	ON WHO CO	TEY DMPLETED CAUSE	M HO	SP 50] La	P-	07	618		▶ J	AN	MONTH, Day, Year) 2ND 1995 MO21239



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ermit		AL.	10e. STREET AND NUMBER			
insit p		ER/	24 Cedar Drive	e Apt.	Α	
:0 sician ial-tra		5	11. MARITAL STATUS	70.0	-	WAS DECE
ding phy		BY FUNERAL DIRECTOR	1 Never Married 2 3 Widowed 4 Divo	Merried		IF YES, GIV
215 attenu			15. DEC (Specify only	EDENT'S EDU	CATI	ON pleted)
OF VITAL RECORDS, P.O. BOX 68760 PHYSIGNA: The law requires that the death certificate be executed withing an and completely filled in the certificate by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, with the Charles the detached for use as the burial-transit permit. Pages 1, 2, with the Charles the detached for use as the burial-transit permit. Pages 1, 2, with the Charles the completely compared to the completely compared t		BE COMPLETED	Elementery/Secondary (0	1-12)	С	ollege (1-4 o
AN he ho detact	once.	Ş Ö	17. FATHER'S NAME (First, M	iddle, Last)	-	
YL db	te D	Щ	Clayton	n LaRı	ue	
AAF	all lie	2	19a. INFORMANT'S NAME (7)			
E, P	De Di		Mrs. Vicky Ost		_	_
ORE e 6 may ector, p	medical examiner must be notified		20s. METHOD OF DISPOSITI 1 Burlel 2 X Cremetto 4 Donetion 5 Other	n 3 🗆 Rem	ioval	from State
TIN Page rai dir	ine	ı	21. SIGNATURE OF FUNDRA	SERVICE LI	cuff	EE
SAL.	ехаш		1 Merk	al]	1	100
OF VITAL RECORDS, P.O. BOX 68760 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after this certificate has been signed by the attending physician and completely filled in by the strain flower of those and the strain flower of the strain flower o	dicai		23. PART I. Enter the di shock, or he	eeasee or	com	plicetions
4 hou	B E		IMMEDIATE CAUSE (Fin		LIGI	Only One
ithin c	event, the		disease or condition resulting in death)	→	a	Нурох
376(w pain compl	eve .					oue Seizu:
Second and and	traumatic	0	Sequentially list conditi		b	OUE
SO)	trau	CAT	if any, leeding to Immediate. Enter UNDERLYI	NG	.]	Myoca:
O. E	other		CAUSE (Disease or Inju thet initiated evente			DUE
P.C	0 0		resulting in death) LAS	' (d	
OF VITAL RECORDS, P.O. BOX 68760, PHYSICIAN: The law requires that the death certificate be executed with credit care has been signed by the attending physician and complete with the critical and solver is the critical formal formal formal than the critical formal for	Injury,	PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other significa	nt condition	ne co	ontributing
ORI that the	amy i	S	Hypertens	ion		
ECC quires	DWS.		Ethanol a	buse		
aw rec	23 shows	ż	DID TOBACCO U	SE CONT	RIB	UTE TO
TAI The little has	item 2	S	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	H	SPITAL .
ZIAN:	10	X ST	1 TES 2 NO		12	SPITAL:
OF HYSIG	arked,		27. MANNER OF OEATH 1 Netural 5	Pending		28e. OATE (Monti
Z 9 5 5	mar i	E A	2 Accident	nvestigation		28a, PLAC
OIVISION OF ATTENDIN	28 is	E		Could not ba detarmined		buildi
II I		J.	29a. CERTIFIER (Check only	IFYING PHYS	CIAN	: To the best
ER ER	2	ME	one) —	CAL EXAMINE	R: O	n the basis o
至/25	TE A	3	29b. SIGNATURE AND TITLE	OF CERTIFIE	8	
222	-	9	Q. Deger	mil		
	-	2	30. NAME AND ADDRESS OF	PERSON WH	o cc	MPLETEO C

1	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGI			
1	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF GEATH			3. TIME OF DEATH
	William	R oger	I	LARUE		January	03 19	YEAR	12:47 a M
				UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7 DATE OF BIRTH			PLACE (State or Foreign
	219-32-5546	1 🛭 M 2 🗆 F 57	YRS.			Oct. 30,	937	Mary	land
	9a. FACILITY NAME (If not institution, give stre		.98		R LOCATION OF D	EATH	9c. COUNT	TY OF DE	EATH
ŀ	Franklin Square Hospit	al		Koss	ville		Balt	imor	re
	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT					10d. INSIDE CITY LIMITS?
	Maryland	Baltimore		Roseda1	e				1 TYES 2 X NO
	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZ		HAT COUNTRY?
╟	24 Cedar Drive Apt. A				21220			USA	
	1 Never Married 2 Merried	12. WAS DECEOENT EVER IN FORCES? 1 YES	2 XNO	If yes, spe	cify Cuban, Mexico	NIC ORtGIN? (Specify in, Puerto Rican, etc.)		14. RACE Black,	— American Indian, White, atc.
	3 Widowed 4 Divorced	IF YES, GIVE WAR OR OAT	ES	1 TYES	2 X NO Speci	y:		Specify	White
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	18e. OECEDENT'S USI	UAL OCCUPATIO	N st of working	18b. KIND OF	BUSINESS/INOU	STRY	
	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)		Ct	ha a C Mau	a di sa	d Combine above
╠	8		Maint	enace				yıan	d Contractor
	17. FATHER'S NAME (First, Middle, Last) Clayton LaRue					ME (First, Middle, Mail	fen Surname)		
ŀ	19a. INFORMANT'S NAME (Type/Print)	-	195 MAILING AO	DDESS /Street s	Margaret	Wenck Route Number, City or	Town Court 7/2 /	2	
	Mrs. Vicky Osborne					ersburg, Mai			
I	20n. METHOD OF DISPOSITION		LACE AND DATE OF D	ISPOSITION (Ne	me of		LOCATION — C		wn, Stata
	1 Burial 2 X Cremetton 3 Remov	rel from State camet	lilltop Serv	rice Comp	. 1/6/9	5 T	owson Ma	aryla	nd
ı	21. SIGHATURE OF FUMERAL SERVICE LICE	MOEE /			D ADORESS OF FA	CILITY			
ı	· Merkal	Hook		Leonard	J. Ruck,	Inc. 5305	Harford F	Road :	21214
ì	23. PART I. Enter the diseases for co shock, or heart failure. Li	mplications that caused	the deeth. Do not	enter the mo	de of dylng, suc	h as cardiac or re	spiratory arre	st,	Approximate
	IMMEDIATE CAUSE (Finel	et only one ceuse on eac	on line.						Intervel Between Onset and Death
	disease or condition resulting in death) a.	Hypoxic ence	ephalopat	hy					6 days
		Seizure	CONSEQUENCE OF):						
	Sequentially list conditione, b.	OUE TO (OR AS A C	CONSEQUENCE OF:						6 days
	if any, leeding to Immediate ceuse. Enter UNDERLYING	Myocardial:		n					6 days
ı	that initiated evente	DUE TO (OR AS A C							o days
	resulting in death) LAST								
I	PART II. Other significant conditions	contributing to death but	not recuiting in t	he underlying	ceuse given in	Part I. 24s Was	AN AUTOPSY	24h	WERE AUTOPSY FINDINGS
	Hypertension	•			occoo giron iii	PERI	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ı	Ethanol abuse					1 U YES	2 (XNO		OF DEATH?
	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YES	™ NO □	UNCERTAI				1 YES 2 NO
ı	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	20	S. PLACE OF OEATH (Check only one)					
		HOSPITAL: 1 A Inpetient 2 ER/Outpet		THER: Nursing Home	5 🗆 Realdenca	8 Other (Specify)			
	27. MANNER OF OEATH 13 Natural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	WO	RK?	28d. OESCRIBE HO	W INJURY OCCU	REO	
	2 Accident Investigation	200 BLACE OF IN HIE	A. 150 - 150		ES 2 NO				
ľ	3 Suictde & Could not be detarmined	28s. PLACE OF INJURY — building, etc. (Specify	- At nome, term, stree	it, tectory, office		281, LOCATION (Stre City or Town, Str	et and Number o ite)	r Rural Ro	oute Number,
H	29a. CERTIFIER	AN. Y- 4b. 4 - 4 - 4 - 4							
1		AN: To the best of my knowled On the basis of examination a							and manner on stated
-	29b. SIGNATURE AND TITLE OF CERTIFIER.								
	12 Menenmil)				29c. LICENSE NUI		29d. DATE	SIGNED ((Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Prir	11)	R D17	U			
	Dr.Stacey Dyson MI				e Baltin	nore Mary	land 21	237	
	31. DATE FILEO (Month, Day, Year)	# 32 REGISTRAR'S SIGNAT	TIRE		- Darett	Hary	Land 21	<u> </u>	
	JAN 04 1995	Sa Davidson Ran	tall						

DHMH-16 Rev 1/89

ii . . . FI . BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should permit. the burial-transit ours after death. Page 6 may be retained by the hospital or attending physician. use as t ğ funeral director, page 5 should be detached the medical examiner the cremation, or removal. signed by the attending physician and completely filled in by it Health and Mental Hygiene prior to burial, cremation, or remo OR ATTENOING PHYSICIAN: The law requires that the death certificate be executed within traumatic other has been a 23 this certificate has with the State Dirked, or item marked. OIRECTOR: After the hours after death of the h 28 is If item THE HOSPITAL (THE FUNERAL O filed within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 11

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) EDWARD JOSEPH MITCHELL 2. DATE OF DEATH 3. TIME OF DEATN EDWARD J MITCHELL JANUARY 02 1995 08:25 P 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR 7. DATE OF BURTH B. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. DAYS HOURS 1 X M 2 🗌 F YRS. 215-12-9562 DEC. 3, VIRGINIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Rc. COUNTY OF GEATN DIRECTOR GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE BALTIMORE 1 YES ZXX NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 831 KINGSTON ROAD 21212 USA 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuber, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES ZY NO Specify Specify. BY 3 Widowed 4 Divorced WW II WHITE ETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL AERONAUTICAL ENGINEER **AERO** SPACE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) BE NATHANIEL MITCHELL FRANCIS GRADY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 PATRICIA J. 1527 30TH ST. NW WASHINGTON, D.C. 20007 MITCHELL 20s. METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Removel from State
4 Donetion S & Other (Specify) ENTROMEMENT 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE DULANE VI other place)

VALLEY CEM. 1/6/95 TIMONIUM, 21. SIGNATURE OF PUNGAAL SERVICA LICENSEE JOHN E. 22. NAME AND ADDRESS OF FACILITY DOLAN RUCK TOWSON FUNERAL HOME INC. 1050 YORK ROAD TOWSON, MD. 21204 23. PART A. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heert fellure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Finel** Onset and Deeth disease or condition_ LNTRA CEREBRAL weeks reculting in death) DUE TO (OR AS A CONSEQUENCE OF): teng i or CERTIFICATION Sequentially list conditions, DUE TO (OR AS A COMMEQUENCE OF) if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted evente resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Linpatient 2 ER/Outpatient 3 DOA OTHER:
4 □ Nursing Nome 5 □ Residence 8 □ Other (Specify) 1 TES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE NOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 ND Investigation 28e. PLACE OF INJURY — At home, farm, atreet, faclory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner es stated. 29b. SIGNATURE AND OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day Year) 1995 DZ0795 3 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)) RD YORK JOHN 21212 BAZTMORE MD



		1 - STATE REGISTRAR		MAKYLAI	CERTIF				D MEN	REG. NO	E		1	
			etcher	McLA	M.III				N.	AN I	1990	YEAR 3	TIME OF DE	M A
		4. SOCIAL SECURITY NUMBER 219 10 7618	5. SEX	6. AGE (In	yrs. last birthday) YRS.	MONTHS 1	YEAR DAYS	HOURS MI	s. 7.0	ATE OF BIRTH	925	a. BIRTHPL	ace (State or)	Foreign
2, 3 should	OR R	9a. FACILITY NAME (If not institution, give Franklin Sq.				9b. CITY,		SVILLE				TY OF DEA Balti		
permit. Pages 1,	DIRECTOR	Maryland 10b. COUNT	altimore		10c. CIT	Y, TOWN O	Locatio	*					d. INSIDE CIT	
nsit perm	FUNERAL	100. STREET AND NUMBER 1612 Ri	verwood	Rd.			tof.	ZIP CODE	L		10g. CITIZ	USA	T COUNTRY?	
ing physician. the bunal-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES?	YES MAR OR DATE	ES	11	yes, spec	cify Cuban, Ma		HGIN? (Specify Yearto Ricen, etc.)	or No-	14. RACE -	American Inc.	
Spita or attend led to use as	PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		7	16a. DECEDENT'S (Give kind of life, Do NOT u	work done de	ring most	I of working		16b. KIND OF BUS		struc	tion	0
	E-604	17. FATHER'S NAME (First, Middle, Last) John F. N	Clain, J	r.				18. MOTHER'S	NAME (F	rst, Middle, Maiden L. Su	Sumame) dsbur	g	•	
De Intrape De 5 seu	9	19a. INFORMANT'S NAME (Type/Print) Irene M. McLair	1		19b. MAILING	ADDRESS 12 R1	Street an	Number of Rivindad Ru	ral Route	Number City or Tow Baltimo	n, State, Zip	D 212	221	
ge 6 may be irector, page		204-METHOD OF DISPOSITION 11 Burlel 2 Cremation 3 Rer 4 Dorietton 5 Other (Specify)	noval from State	20b. P	LACEANDDATE	of DISPOSIT	Nen Men	morial	Gard	1,4/9	CATION — C	altir	stata fore C	o. MI
s after death. Page 6 m by the funeral director, emoval.		21. SIGNATURE OF PACILITY Bruzdzinski Funeral Home PA 1407 Eastern Ave. Baltimore, MD										2122	1	
within 24 hours spletely filled in cremation, or n		shock, or haert failure. List only one cause on each line.									Approxin Interval I Onset an	Between		
th certificate be exect ending physician and I Hygiene prior to bu or other traumati	CERTIFICATION	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUDIGATION CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
requires that the een signed by the of Health and Mi	: MEDICAL	PART II. Other algnificant condition	ns contributing to	death but	not reaulting	in tha und	ariying	cause givar	in Part	1. 24a. WAS AN PERFOR	MED?	CC	ERE AUTOPSY AILABLE PRIOR OMPLETION OF DEATH?	CAUSE
N: The law icate has be State Dept.	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ■ YES 2 → NO	HOSPITAL:		E 0 [] 001	OTHER		ACE OF DEATH						
PHYSICIA this certif with the rked, or	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, L	INJURY	28b. TIM		8c. INJU WOR		28d.	Other (Specify) DESCRIBE HOW II	NJURY OCC	URED	-	
OR ATTENDING I DIRECTOR: After hours after death item 28 is mail	ETED B	3 Suicide 6 Could not be detarmined	28a. PLACE (building	F INJURY — atc. (Specify	At home, ferm,	treet, factor	y, offica		281.	LOCATION (Street a City or Town, State)	and Number	or Rural Rou	le Number,	
A B B	COMPLE	29a. CERTIFIER 1 CERTIFYING PHYS	ER: On the best of a										nd manner as	stated.
TO THE HOSPI TO THE FUNER be filed within	TO BE	SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	Denity Media	DEX	MMA	O. inst		29c. LICENSE	MUMBER M N		29d. DATE	SIGNED (M	994 Year)
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Indust death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR		CI	ERTIFIC	CATE OF	DEATH	F	REG. NO.				
- 8	1. DECEDENT'S NAME (First, Middle, Last)			0 1.1	11.		2. DATE OF MONTH	DEATH		EAR 3	. TIME OF DEATI	н
- 3	BERTHA			new.	lliums		Jan		, 199		3:00	Ан
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. les	it birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		BIRTHPL	ACE (State or For	eign
3	214-01-1447	1 □ M 2 🂢 F	81	YRS.	IONTHS DAYS	HOURS MIN.	July	24, 1	913	Country) Marv	land	
	9a. FACILITY NAME (If not institution, give s	street and number)			Pb. CITY. TOWN C	R LOCATION OF DE			9c. COUNT			
Œ	1106 Noving Place	,										
읽	1106 Nevins Place	3			Salis	sbury			Wico	mic)	
Ĕ	10a. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OR LOCAT	ION		-		1	Od. INSIDE CITY	
<u></u>	Maryland Wid	comico		83	lisbury					Ι,	LIMITS?	NO.
ا پ	10e. STREET AND NUMBER	JOHITCO		Da.		ZIP CODE			10a CITIZE		AT COUNTRY?	
2	1106 Nevins Place								-		AI COUNTRIT	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEOENT E	EVED IN ILE AD	MED	42 440 050	21801			US			
ㄸ	1 Never Married 2 X Married	FORCES? 1	YES 2 V	NO.	If yea, spe	ENDENT OF HISPAN Icity Cuban, Maxica	in, Puerlo Rice		or No — 14		- American India White, stc.	n,
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 TYES	2 NO Specifi	у:		- 1	Specify:	White	
	15. DECEDENT'S EDU	CATION	16a DE	CEDENT'S U	SUAL OCCUPATION	M.	165 KIR	D OF BUILD	I INESS/INDUS		MILCO	
E I	(Specify only highest grade	completed)	(G		k done during mo:		100. Kir	D OF 805	INE 35/INDUS	1947		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)						O 7	T			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		П	omema)	cer			Own I				
						16. MOTHER'S NA						
BE	Charles Seifert 19a. INFORMANT'S NAME (Type/Print)					Wilhel						
2			- 1			nd Number or Rural I						
	John T. McWillia 20a. METHOD OF DISPOSITION	ams				Place, S						
	tX Buriel 2 ☐ Cremetion 3 ☐ Rem	oval from State	cemetery, cre	MND DATE OF metory or other	DISPOSITION (Na.	me of	OATE		ATION — CIT			
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNEMAL SERVICE LIC		Garde	ens of			1/3	Ba.	timor	e, N	1D	
	21. SIGNAL ONE OF FUNERAL SERVICE LIC	ENSKE A			ALTENI	O ADDRESS OF FA	CILITY FRAL H	CME,	P.A.			
	by Denie	Stall	_			Harford H				MD	21214	
	23. PART I. Enter the diseases, or o	complications that	quied the de	ath. Do no							Approxima	te
	anock, or heart failure.	List only one cause	each line).					,	.,	interval Be	tween
1	IMEDIATE CAUSE (Final disease or condition	m.L.	11:		/						Onset and	
ł	resulting in death)	a. netas	R AS A CONSEC	OUENCE OF	0-1	en cer					3 yes	5
_	_	302 .0 (0.	II AS A CONSE	JOENCE OF J.								
0	Sequentially list conditions,	b. OUE TO (O	R AS A CONSEC	DUENCE OF							1	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING											
윤	CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSEC	DUENCE OF):							 	
	resulting in death) LAST											
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4	PART II. Other algnificant condition	s contributing to de	noth hut not a	andilan la								
(3 II		- contributing to be	Patti Dut Hot I	eauiting in	the underlying	cause given in	Part I. 24	. WAS AN			ERE AUTOPSY FIN	0
ĕ∥			- USE NOT NOT NOT	eauting in	the underlying	cause given in		PERFORI	MED?	A	MILABLE PRIOR T	WSE
W			- TOT HOLE	eauting in	the underlying	cause given in			MED?	0	MILABLE PRIOR T OMPLETION OF CA F DEATH?	
4: MEDICAL	DID TOBACCO USE CONTI						10	PERFORI	MED?	0	MILABLE PRIOR T	
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BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	HOSPITAL: 1 Inpetient 2 E 28s. OATE OF IN. (Month, Day. 28s. PLACE OF II building, sto	SE OF DEA 26. PLAC 27. PLAC 28. PLAC 28. PLAC 29. P	TH YES E OF DEATH DOA 4 28b. TIME 6 INJUR	(Check only one) OTHER: Nursing Hom Nursi	UNCERTAIN 5 GReeldence JRY AT RK? ES 2 GNO and place, and due	6 Other (Sc 28d. OESCRII 28f. LOCATIO City or To	PERFORI YES 2 Pecify) BE HOW IN N (Street airwin, State)	JURY OCCUR	ALCO O	MILABLE PRIOR TO MPLETION OF CA	0
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PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	RIBUTE TO CAUSE HOSPITAL: 1 Inpetlant 2 E 28a. OATE OF IN. (Month, Day. 28a. PLACE OF II building, std	SE OF DEA 26. PLAC 26. PLAC 27. PLAC 28. PLAC 28. PLAC 29. P	TH YES E OF DEATH DOA 4 28b. TIME (INJUE) ma, farm, structured (investigation,	(Check only one) OTHER: Nursing Hom World WO 1 Y M 1 Y Neet, factory, office	UNCERTAIN 5 G Residence JRY AT RK? ES 2 G NO and place, and due ath occured at the	6 Other (Sp. 28d. OESCRIII to the cause(a time, data and	PERFORI YES 2 ecity) BE HOW IN N (Street all win, State) and manipleca, and	JURY OCCUP and Number or there as stated.	AUTO O O O O O O O O O O O O O O O O O O	MILABLE PRIVAT TO MPLETION OF CATH? YES 2 N TO Number, To Number,	O sted.
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hims. hours after death, Page 6 may be retained by the hospital or attending physician.

tely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should mation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF THE RECORDS. P.O. BOX 68760

	are provines that the death certificate be executed with	THE WINEHAL DIRECTUR After the commences seem signed by the attending physician and complete	igna prior to histol pran
	at the death ce	by the attendir	while Mantal Man
	w popules that	benn signed	Washh .
	THE HOSPITAL OR ATTENDING PAYSICIAN. The Im-	Danie II	10 11 11
	OR ATTENDING I	DIRECTOR After	house after death
(THE HOSPITAL	THE GINERAL	The American

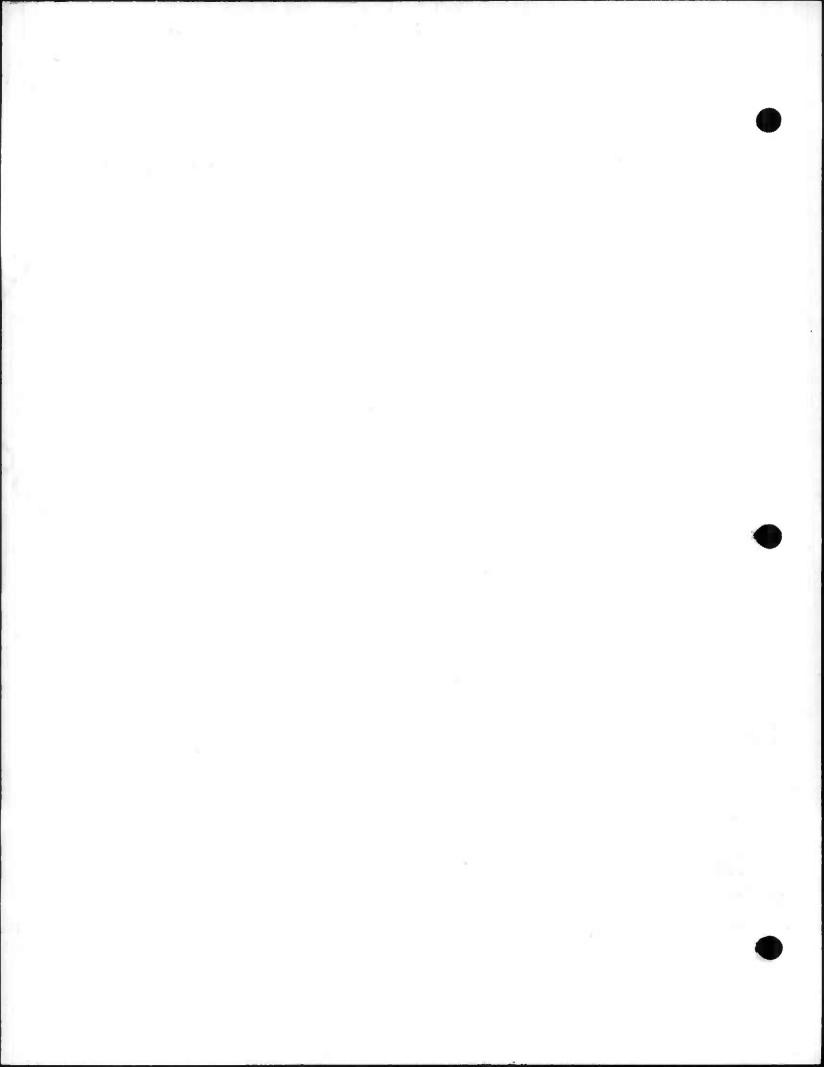
31. DATE FILED (Month, Day, Year)
JAN 0 4 1995

											95	00	049
		1 - FOR STATE REGISTRAR	STATE OF M	IARYLAND /	DEPAR	TMENT	OF H	EALTH DEAT	AND ME	NTAL HYGIE			
		1. DECEDENT'S NAME (First, Middle, Lest)		-					2.	DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATN
		Mary E	Marx							Jan. 1	. 199		м
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	-17	IF UNDER 1	YEAR DAYS	HOURS	24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLA Country)	CE (State or Foreign
		2/3-03-5374 9a. FACILITY NAME (If not institution, give s	1 □ M 2火火F	76	YRS.						0.191	8 M	anuland
	~	3123 Weaver Av	treet and number)					R LOCATIO MORE	N OF DEATH		9c. COUN	TY OF DEAT	н
	ō	RESIDENCE OF DECEDENT	е.			υαλ		more ———					
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at o		Unknown Reich	ant							First, Middle, Meidle nknown	n Surname)		
per	BE	19a. INFORMANT'S NAME (Type/Print)	u n c	19	h MAILINO	ADDRESS /	(Charact and			Number, City or To			
notif	5	Mrs. Mary D. C	haneu	2						Lto., M			
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edicai		23. PART I. Enter the diseases, or o shock, or heart fallure. I	omplications that List only one caus	caused the de	ath. Do n	ot enter ti	he mod	le of dyin	g, such as	cerdiac or rea	piratory arm	eat,	Approximate Interval Between
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or other traumatic e	CATION	Sequentially list conditions,	DUE 70	DA AS A CONSE	MS)	M .							
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item item	III I	29a. CERTIFIER (Check only 1 CERTIFYING PNYSIC	3: On the basis of exi				nion, des	ath occured		, date and place,	and due to the		

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DESCRIPTION OF THE STORY

DESCRIPTION OF THE S



1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH FRANCIS MARTIN NICKEY JANUARY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday) 6. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 N M 2 | F YRS 216-14-8835 AUGUST 15 BALTIMORE, MARYLAND Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4224 FOWLER AVENUE BALTIMORE COUNTY BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE COUNTY permit. 1 - YES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 4224 FOWLER AVENUE 21236 ISA Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuben, Mexicen, P

1 YES 2 NO Specify: 1 Never Married 2 X Married BY Specify: 3 Widowed 4 Divorced page 5 should be detached for use as the WW II WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5 +) 12 **JEWELER** A.H. FETTING & CO 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at NILES NICKEY BE AGNES SCHEPERS 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 GAETANO T. TUMMINELLO 4224 FOWLER AVENUE BALTIMORE, MARYLAND 21236 pe 20e METHOD OF DISPOSITION
1 N Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must funeral director, crematory or other place)

OSEPH'S CHURCH CEM. JANUARY 5, 1995 BALTIMORE, MARYLAND

22. NAME AND ADDRESS OF FACILITY 4 Donation 5 Other (Specify) medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE hours after death. LASSAHN FUNERAL HOME, INC. 7401 BELATR ROAD BALTIMORE, MARYLAND 21236 the 23. PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or reapiratory arrest, ysician and completely filled in by prior to burial, cremation, or remo Approximate shock, or heart failure. List only one cause on each line. intervai Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition TA Kay! reaulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY PERFORMED? signed by the shows any 1 YES 2 NO OF DEATH? 1 TYES 2 T NO o d DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: Dept. PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item this certificate h HOSPITAL OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) b 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) arked. 26b. TIME OF INJURY 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural Pending 1 YES 2 NO B Investigatio THENDING 2 Accident 261. LOCATION (Street and Number or Rural Route Number City or Town, State) 26s. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) Sulcide ETED 6 Could not be 4 Homicida determined 29a. CERTIFIER 1 📝 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end menner es stated. TO THE HOSPITAL TO THE FUNEFAL DE FILED WITHIN TO THE PUNEFALL DE FILED WITHIN TO THE PORTANT; I THE (Check only one) COM 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND HALE OF 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Mpnth, Day, Year) D33624 95 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30, NAME AND ADDRESS

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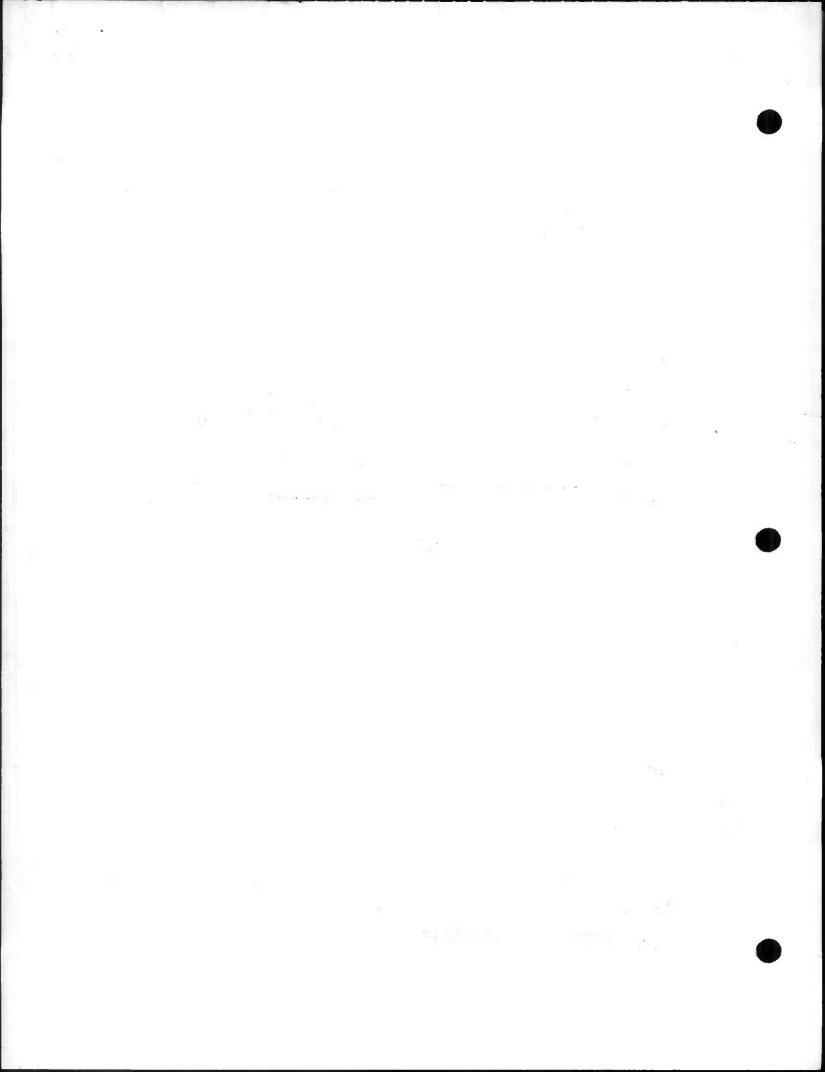
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

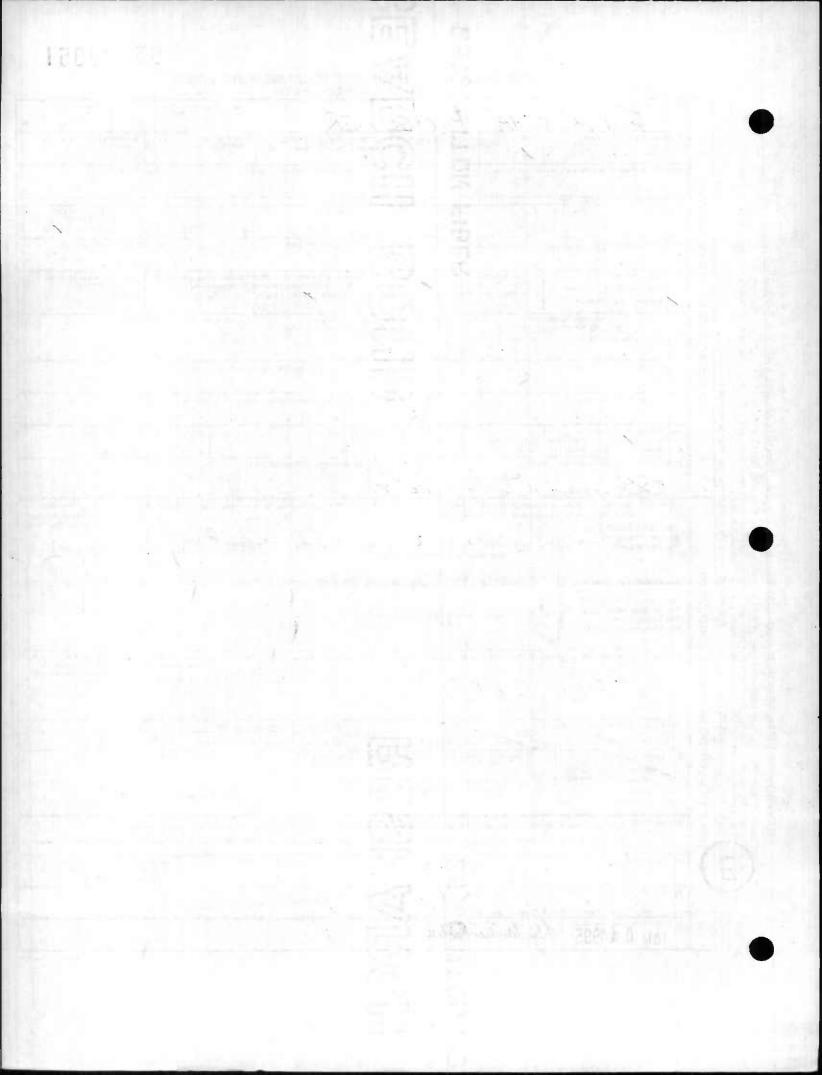
CERTIFICATE OF DEATH

STATE REGISTRAR



STATE O	F MARYLAN	D / DEPARTMENT		MENTAL	HYGIEN
		CERTIFICATE	OF DEATH		REG. NO
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A BOOM SECURITY NUMBER SERVE S. SEX	REGISTRAR		CERTIFIC	CATE OF DEATH		REG. NO.					
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BOX 68760,	icate be executed within yours after death. Page 6 may be retained by the hospital or attending physicia	9

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CENTIF	ICATE OF	DEALL		REG. NO.			
1 3	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF DEATH	
	GEORGE PURCELL									
	4. SOCIAL SECURITY NUMBER	GE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DAT			E OF BIRTH 8. BIRTHPLACE (State or Foreign		IDI ACE (Costs or Essiste		
	233-26-0756			MONTHS DAYS	HOURS MIN	10 da 40 /	Day; Year)	Counti		
	200 20 0,00	1 M 2 □ F	73 YRS.			1-1	7-21		W. VA.	
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN OR LOCATION OF DEATH			90	COUNTY OF D	EATH	
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DIRECTOR	RESIDENCE OF DECEDENT							Detail	JAIN C	
l m				TY, TOWN OR LOCATION					10d, INSIDE CITY	
1 5	MD F	altimore		Roseda	ale				LIMITS?	
13									1 YES 2 NO	
₹	100. STREET AND NUMBER 5808 Hamilton Ave.			1	Of. ZIP CODE	7	101		VHAT COUNTRY?	
1	5000 Hamilton	Ave.			2123	/		US	SA SA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV		13. WAS DE	CENDENT OF HIS	PANIC ORIGIN?	Specify Yes or N	14. RACI	- American Indian,	
II.	1 Never Married 2 1 Married	FORCES? 1 1	ES 2 NO		pecify Cuban, Mar		an, etc.)		k, White, etc.	
A	3 Widowed 4 Divorced		W TT	1 1 48	S 2 NO Spi	icity:		Speci	white	
	15. DECEDENT'S EDU		16a. DECEDENT'S	HOUSE COOLING	1041	I am w				
COMPLETED	(Specify only highest grad		(Give kind of	work done during in se retired.)	lost of working	160. K	IND OF BUSINES	SS/INDUSTRY		
"	Elementary/Secondary (0-12)	College (1-4 or 5+)								
. 9	12	0	Se:	rvice Ma	nager		Aut	o Indus	strv	
0	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S	NAME (First, Mic	dle, Malden Sum			
0	George Purcell				My	ra Rave	enscrof	t		
BE	AND INCOMMANDIO MARKE CO TO A M		-							
2	190. INFORMANT'S NAME (Type/Print) Helen Purcell				and Number or Ru				0.05	
	Helen Purcell			5808 Hamilton Ave. Baltimore, MD				MD 21	.237	
TO BE COM	20a. METHOD OF DISPOSITION 1 Burlal 2 V/Cremation 3 Bemoval from State						20c. LOCATIO	ON City or To	wn, State	
	1 Burial 2 Cremation 3 Ren 4 Donation 8 Other (Specify)	noval from State	cemetery, crematory or o	Cremato	V-TI	1	Cot		~ 3/17)	
	21. SIGNATURE OF FUNERAL SERVICE LA		TRULO		AND ADDRESS OF	FACILITY	Lau	onsvill	e, MD	
	an arana are ar a service of	7/11			h/Rosed		oren 1 II			
	1 Jener	X / lell	1)	1211	Chagag	are ru	israr m	one		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate									
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. LEGEBI		AR A	KLIDEN	T			Interval Between Onset and Death 3 WESES	
7	Sequentially list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION										
A	cause. Enter UNDERLYING									
F	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
E	resulting in death) LAST									
E E	d									
EDICAL	PART II. Other aignificent conditiona contributing to deeth but not resulting			in the underlyi	ng cause given	in Part I, 2	PERFORMED		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
					1 _ Y			NO	COMPLETION OF CAUSE DF DEATH?	
Ū.							1 YES 2 NO			
N. M									120 1 110	
AN	25 WAS CASE DEFERDED TO MEDICAL									
ठ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?									
PHYSICIAN: M	1 YES 2 NO 1 Inpettent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 5 Other (Specify)									
Ē	27. MANNER OF DEATH	DEATH 28a. DATE OF INJURY 28b. TIME OF 28c, INJURY AT 28d. DESCRIBE HOW INJURY OCCURED								
ву РН	1 Natural 5 Pending	Natural 5 Pending (Month, Day, Year) INJURY WORK?								
	2 Accident Investigation Investigation									
ED	3 Suicide 6 Could not be determined determin									
-	4 Homicide detarmined									
	CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my I	nowledge, death occurs	ed at the time de	a and place and	hin to the cause	(a) and manner	an etelad		
COMP										
16.	- L MEDIONE EXAMIN	ER: On the basis of examin		ni, in my opinion,	uemn occured at	trie titrie, data at	ra piece, and du	a to the cause(s	sy and manner as stated.	
m/s	THE MATURE AND TITUE OF CERTIFIE	R A	4.1		29c. LICENSE	NUMBER	290	d. DATE SIGNED	(Mopth, Day, Year)	
	Tepler	K. Byk	e NOS		1 2	2272	3	1/3	16-	
0	The second secon	1		Print)				1-1		
	9105 FRANKLIN WARL DR BASS UD 2123 7									
				- 13	140/		1237			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE							
	IAN 0 4 1995 Julia Davidson Randall									
	MIN - 1003 ()									

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27, MANNER OF GEATH

1 Netural

2 Accident

Momicide

3 Suicide

by the hospital or attending physician.

ROX C ۵ DIVISION OF VITAL RECORDS

i)			,			Ś			500			DALLINORE, MA		1	7
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	ATTENDI	NG PHYSI	CIAN: T	he law	requires	that th	e death	certifica	te be execu	ted within	F4 hours	after de	eath. Pag	је 6 тау	be re	etaine
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Deat, of Health and Mental Hydlere prior to burial, cremation, or removal	RECTOR: A	fter this co	ertificate the State	e has b	of Healt	ed by t	the atter Mental	Hyalene	sician and o	completely al. cremar	filled in	by the f	uneral di	rector, p.	30e 5	shoul
IMPORTAND ILLER 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified	m 28 ls	marked,	or Ite	m 23	shows	any in	iury, o	r other	traumatic	event.	the med	lical ex	aminer	must	De no	otifie

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 95 YEAR 2. DATE OF DEATH 3. TIME OF DEATH William 10 19 81 Richardson 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER t YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 3-25-47 218-44-1855 TOTAL 2 F Ñ.C. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH Johns Hpkins Medical Bayview DIRECTOR Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWH OR LOCATION 10d, INSIDE CITY MD Baltimore Turners Station 1 YES 2 1 10 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 143 Fleming Drive 21222 USA 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 XX 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2. 200 Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES В Specify: Black 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY E (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Laborer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William T. Richardson Pinkey Smith BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Pinkey Richardson 634 Main Street Balto., MD 21222 20a METHOD OF DISPOSITION

↑ ABurial 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata OATE metery, crematory or other place Garden of 4 Donation 5 Other (Specify) Faith 1/6 Baltimore, MD 21. SHEWATURE OF FUNERAL SERVICE MCENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons Funeral Home 1701 Laurens Street Balto., 23. PART . Inter the diseases, or complication what caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate nock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition SCPS IS OUE TO (OR AS A CONSEQUENCE OF): days recuiting in death) Preumonia CERTIFICATION Sequentieily liet conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury ETOH abuse

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN

PART II. Other eignificent conditions contributing to deeth but not recuiting in the underlying cause given in Pert I.

Crytonolos

DUE TO (OR AS A CONSEQUENCE OF):

24s. WAS AN AUTOPSY 1 YES AT

28d, DESCRIBE NOW INJURY OCCURED

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one)

OTHER: Inpetient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Nome 5 ☐ Rasidence 8 ☐ Other (Specify) 28a, DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK?

84 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify)

1 YES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNEO (Month, Day, Year)

1 2 75

ERTIFIER **CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner as stated. (Check only one)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in	In my opinion, death occured at the time, data and place, and due to the cause(a) and manner as	stated
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296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 95006 MO

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

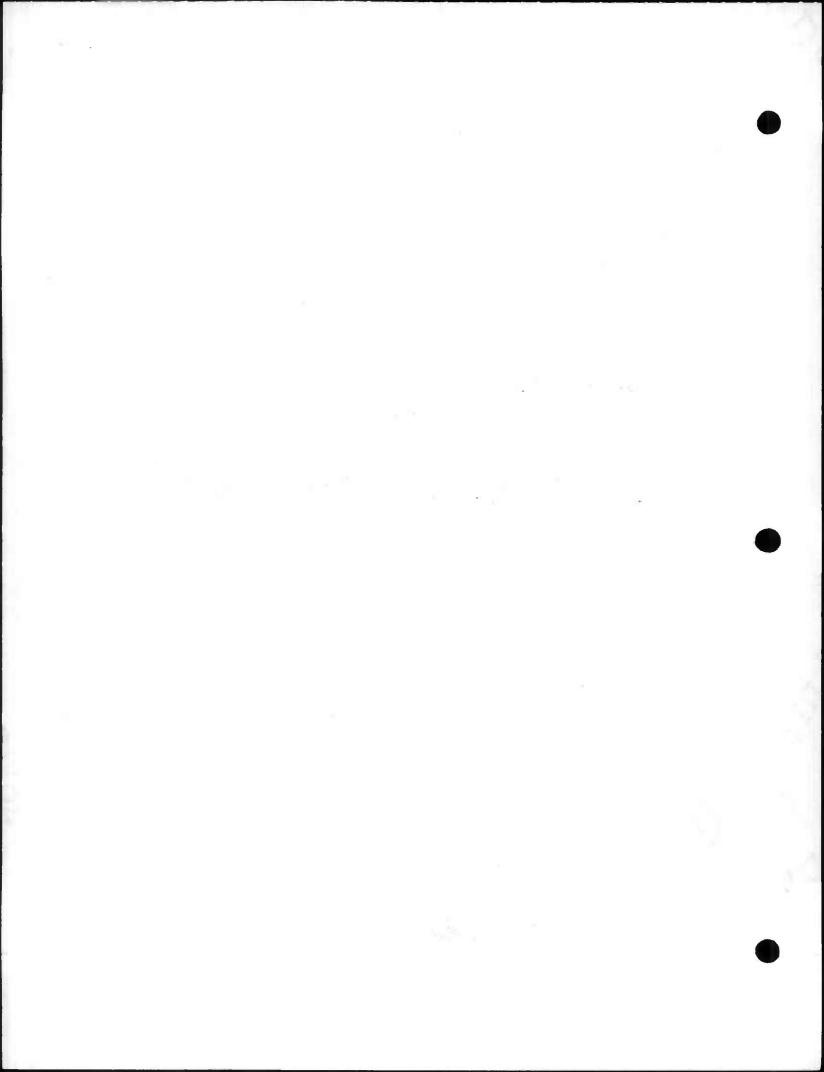
Lupus

JHBMC 31. DATE FILED (MO) JAN

5 Pending

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Balt. mo



YEAR

3. TIME OF DEATH

2. DATE OF DEATH MONTH

BALTIMORE,

STATE REGISTRAR

t. DECEDENT'S NAME (First, Middle, Last)

Robinson Oscar :30 Pm 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 6. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 X M 2 | F S.C. DAYS -27completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Northwest Ito soutal Condalle Tan Bascon RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Md timore 1 YES 2 NO FUNERAL 10e, STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3210 USA ukes 21207 nours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. If yes, specify Quben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: **MARYLAND 21215-0020** t Never Merried 2 Merried BY 3 Widowed 4 Divorced lietnam COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) onstruction once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Robinson ohn F Ethel notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street 2 Donald Robinson rnBrook 2120 pe 20e METHOD OF DISPOSITION

1 Burlet 2 Cremetten 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must 1/6 4 ☐ Donetton 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22 NAME AND ADDRESS OF FACILITY MOY 4 James A. 1701 Laurens 212 23. PART Lenter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, medical Approximats ahock, or heart failure. List only one cause on each line intervsi Between IMMEDIATE CAUSE (Final **Onset and Death** cremation. 鲁 disesse or condition resulting in death) requers that the death confidate be executed within DUE TO (OR AS A CONSEQUENCE OF): event. bunal, traumatic DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION It ea attending physician and Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury 2 O. BOX prior or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST The attack Injury, DIVISION OF VITAL RECORDS. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the PERFORMED? AWAILABLE PRIOR TO shows any COMPLETION DF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO 1 01 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: has be 6G PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate for the State them HOSPITAL: OTHER:
4 □ Nursing Home 5 Residence 8 □ Other (Specify) 1 X YES 2 NO ☐ Inpetient 2 ☐ ER/Outpetient 3 DOA 10 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? marked, 28d. DEŞCRIBE HOW INJURY OCCURED 報 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner as stated. TO THE HOSPITA TO THE FUNERA De filed within 7 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year) an 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 129 2 JULIA MENTHAMS SICHATONE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	Item17,g-719,1-4-95,perf.h.,dr												
	1 - FOR STATE REGISTRAR	STATE OF MARYL				IEALTH AND		GIENI G. NO.	E				
	1, DECEOENT'S NAME (First, Middle, Last)						2. DATE OF DE	ATH			3. TIME OF DEATH		
	DOROTHY	MAE	SHE	LDON			MONTH /	DA 2		75	12-00 mon		
	4. SOCIAL SECURITY NUMBER		(In yrs. lest b		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF				HPLACE (State or Foreign		
	214-20-2511		58	YRS. MONT		HOURS MIN.	(Month, Day,	Year)	_	Coun	try)		
							Jan. 1	, 192			ryland		
~	9e. FACILITY NAME (If not institution, give s			9b.		OR LOCATION OF D	EATH			INTY OF			
DIRECTOR	Fallston Genera	IL Hospital			Fal	Llston			Ha	arfor	rd		
딘	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	,											
2				10c. CITY, TOV							10d. INSIDE CITY LIMITS?		
	,	ford			51	allston					1 TYES 2 X NO		
FUNERAL	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?		
E	1911 Connolly Ro	ad				210	47		Ţ	J.S.A	A.		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARME	D	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Spe	cify Yee	or No-	14. RAC	E — American Indian,		
	1 Never Merried 2 Merried	FORCES? 1 YES	2 ANO	- 1		ecify Cuben, Mexica 2 X NO Specifi		etc.)		Biac	k, White, etc.		
BY	3 🔀 Widowed 4 🗌 Olvorced				1 - 163	Z ANO Specif	y			Spec	White		
8	15. OECEDENT'S EDU		18e. DECE	OENT'S USUA	L OCCUPATION	ON .	16b, KIND	OF BUS	INESS/INI	DUSTRY			
E	(Specify only highest grade		(Give	kind of work do NOT use retin	one during mo ed.)	st of working	1						
2	12	College (1-4 or 5 +)	Ac.	counta	nt		В	endi	x				
OMPLETED	17. FATHER'S NAME (First, Middle, Last)												
0	Francis She	Naylor					ME (First, Middle,		alli	inge			
BE		.0011				(Unkno				_			
2	19e. INFORMANT'S NAME (Type/Print)									o Code)			
-	190. INFORMANT'S NAME (Type/Print) Cathy Vickers (daughter) 191. MAILING ADORESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1911 Connolly Rd., Fallston, MD 21047												
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of OATE 20c. LOCATION — City of Town, State												
	4 Donation 5 Other (Specify)	Sval from State Cent	netery, creme	r Memo	rial (Gardens	1/5	Be1	Aiı	c. Ma	aryland		
.	21. SIGNATURE OF FUNERAL SERVICE LIG			<u> </u>		D ADDRESS OF FA							
	5	P	_		Schir	nunek Fu	neral H	omes	s, Ir	nc.			
	Cagene	J. Carla	1	1	9705	Belair 1	Rd., Ba	ltin	nore	, MD	21236		
l	23. PART i. Enter the diseases, of	omplications that caused	d the deat	h. Do not er	iter the mo	de of dying, suc	h ss cardiac o	reapir	etory ar	rest,	Approximate		
	IMMEDIATE CAUSE (Final	List only one cause on e	ecn line.								Onset and Death		
ľ	disease or condition	CHRANIC DIZC	TRINT	1116 1	UNIG	DISEAS	E EMI	DHV	CEM	4.	+ Curc		
	disease or condition resulting in death) a. CHRINIC DISSTRUCTIVE LUNG DISEASE - EMPHYSEMA . > 6 YKS DUE TO (OR AS A CONSEQUENCE OF):												
_	DUE TO (OR AS A CONSEQUENCE OF):												
-		Covere Ca	Sequentially list conditions,										
9 1	Sequentisity list conditions,	severe Co	2 Ke	FNCE OF:	UVIC	West.	1100 021	٠ رـ			48 Hours.		
ATIO	if any, leading to immediate	severe Co	CONSEQUI	ENCE OF):	VIVIA	nesp.	144021	، د			48 Hours.		
-ICATIO	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. SEVERE CO	CONSEQUI	ENCE OF):) VIVIA	Nesp.	7144 031	· ر			48 Hours.		
ITIFICATIO	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	severe Co	CONSEQUI	ENCE OF):) VIII	nesp.	7101031	٠ - د			48 Hours.		
ERTIFICATIO	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. SEVERE CO	CONSEQUI	ENCE OF):) VIVIA	ncap	710000				48 Hours.		
L CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUI	ENCE OF):						24)			
T.	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	A CONSEQUI	ENCE OF):			Part i. 24a. v		WTOPSY	248	WERE AUTOPSY FINDINGS		
T.	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUI	ENCE OF):			Part I. 24a. v	WAS AN /	WTOPSY MED?	248). WERE AUTOPSY FINDINGS		
T.	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUI	ENCE OF):			Part I. 24a. v	WAS AN A	WTOPSY MED?	244	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE		
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T.	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTI	DUE TO (OR AS A	A CONSEQUI	ENCE OF):	underlying	g cause given in	Part I. 24a. v	WAS AN A	WTOPSY MED?	24k	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH?		
T.	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTI	DUE TO (OR AS A d. a contributing to death b	A CONSEQUE A CONSEQUE DUT NOT rea DF DEATH 26. PLACE	ENCE OF): ENCE OF): Uiting in the OF DEATH (Ch	NO Ceck only one)	g cause given in	Part I. 24a. v F	MAS AN APERFORI	WTOPSY MED?	244	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH?		
T.	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTI	DUE TO (OR AS A	A CONSEQUI	ENCE OF): ENCE OF): Ulting in the OF DEATH (Ch	NO Cock only one) HER: Nursing Home	J cause given in UNCERTAII	Part I. 24a. v F t	MAS AN / PERFORI YES 2	WITOPSY MED? NO		D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH?		
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A DUE TO (OR AS A d. a contributing to death b RIBUTE TO CAUSE O	A CONSEQUI	ENCE OF): ENCE OF): Uiting in the OF DEATH (Ch	NO Esc only one) HER: Nursing Home 28c. INJI WO	UNCERTAI	Part I. 24a. v F	MAS AN / PERFORI YES 2	WITOPSY MED? NO		D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH?		
T.	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A d. a contributing to death b RIBUTE TO CAUSE O HOSPITAL: Negetient 2 = ER/Outp 28e. OATE OF INJURY (Morth), Day, 'bear)	DE DEATH 26. PLACE (Description of the second of the se	ENCE OF): Ulting in the Uniting in the DOA OTH DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 1 DOA	NO Control of the con	UNCERTAII 5 Geeldence URY AT RKY (ES 2 NO	Part I. 24a. v F t	MAS AN A ERFORI	JURY OC	CURED	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATHY 1 YES 2 NO		
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HARFORD ROAD, FALLSTON, MD 21047.

FERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AREKH MD, 1908 HARFO

32. RESISTRARY SIGNATURE Film Davidson Ravially

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1	NO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE PUMERAL DIRECTOR. After this certificate has been signed by the attending physic	ě	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other tr
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2 Accident 3 Sulcide

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. hours after death. Page 6 may be retained by the hospital or attending physician.	
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should	
hours after death with the State Dept, of Health and Merital Hygiene prior to burial, cremation, or removal.	
llen 28 is market, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

95 00056 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH I 95 DIBERT STARNER 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year) 218-09-0828 Penna. 13 M 2 | F 76 1918 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 13218 Eastern Ave. Middle River Baltimore RESIDENCE OF DECEDENT Maryland 10b. COUNTY Baltimore 10c. CITY, TOWN OR LOCATION MIDDLE River 10d. INSIDE CITY 1 - YES 2 - NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 13218 21220 Eastern Ave. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White atc Specify: White FORCES? 1 YES 2 |
IF YES, GIVE WAR OR OATES Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: BY 3 Wildowed 4 Divorced Specify: WWIJ COMPLETED 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work users)
ille. Do NOT use retired.)
Truck Driver Elementary/Secondery (0-12) College (1-4 or 5+) Freight 17. FATHER'S NAME (First_Middle, Lest) 18. MOTHERS NAME (First, Middle, Maiden Surname) Starner BE 19a. INFORMANT'S NAME (Type/Print)
Deborah Bailowich Eastern Ave. Ealtimore, MD 21220 2 20. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 206 PLACE AND ATEOFOLIS POSITION (Nome of Gardens 1/4/95 Baltimore Co. MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Bruzdzinski Funeral Home PA 1407 Eastern Ave. Baltimore, MD 21221 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart feliure. List only one ceuse on each line interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition a. Con ges here heart failure
DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) Chronic out michie cespitalon disease CERTIFICATION Sequentially list conditions. OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other aigniticant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMEO? MEDICAL 24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO Liner failur dis befor Melliher: COMPLETION OF CAUSE 1 TES 2 XNO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES TO NO [PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? OTHER:
4 | Nursing Nome 5 | Residence 8 | Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending

28c. INJURY AT WORK? М 1 YES 2 NO

Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 8 Could not be determined

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER

(Chack only)

1 💢 CERTIFYING PHYSICIAN: To the best of my known riedge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the be

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and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

15232

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9600 NORTH POINT ROAD, BALTIMORE, MD. 21052 RAOUL LOPEZ, MD.,

31. DATE FILED (Month, Day, Year) IAN 0 4 1995 Live d'audior Rochall

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BALTIMORE, MARYLAND 21215-0020

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

P.A. Baltatzis, M.D.

31. DATE FILED (Month, Day, Year)

1232 Race Road

12 HEGISTRAR'S SIGNATURE

Baltimore, Md.

21237

	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH										. TIME OF DEATH		
	Anna			SCARA	NTING)							3:26 a M
	4. SOCIAL SECURITY NUMBER						7. DATE OF BIRTH 8. BIRTHPLAC			ACE (State or Foreign			
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l m				10c. CI1	Y, TOWN C	R LOCAT	ION					- 1	0d. INSIDE CITY
	Maryland	Baltimor	€		M	iddl	e Ri	ver				1	YES 2 NO
₹ S	10e. STREET AND NUMBER										10g. CITIZ	EN OF WH	AT COUNTRY?
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BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2	NO	1 3	If yes, sp	ecify Cube	m, Mexice	n, Puerto	f? (Specify Yes Rican, etc.)	or No—	14. RACE — Black, \ Specify:	- American Indian, White, etc.
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APLET	Elementacy/Secondary (0-12)	College (1-4 or 5	+)	Itte. Do NOT u	se retired.)					Evenl	ope M	fg. (Go.
144	17. FATHER'S NAME (First, Middle, Last) Frank Vital	Le					18. MOT			Mazal	Surname)		
TO 8	190. INFORMANT'S NAME (Type/Print) Frank Baltusis	3		19b. MAILING	Sopwi	(Street •	nd Number D r •	or Rural P	timo:	ber, City or Town	2122	Code)	
	20a. METHOD OF DISPOSITION 1	oval from State	20b. PL/	CE AND DATE	of dispos	ema	me of tory		1/4/	20c. LO			
	21. SIGNATURE OF UNERAL SERVICE LIC	ENSEE	44	1	E	Bruzo	dzina	ski l	Fune				
	23. PART Enter the diseases, or o	omplications the	caused the	e deeth. Do	not enter	407	East	tern	Ave	Bal	timor	e, M	21221 Approximata
	immediate cause (Fine)	Cardion and pro	negaly bable	with arrytl	left								Interval Between Onsat and Death
MOIT													
MIFI	CAUSE (Disease or Injury thet Initiated eventa resulting in deeth) LAST	DUE TO	(OR AS A CO	NSEOUENCE O	F):								
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MEDICAL	PART II. Other eignificant condition	s contributing to	death but n	ot reaulting	In the un	derlying	cause (given in	Part I.	PERFOR	MED?	O O	ERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
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CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. 1	PLACE OF DEA						_			
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ρ.	t 🔀 Netural 5 Pending 2 Accident Investigation	(Month, D	Pay, Year)	IN	JURY M	1 Y	RK? ES 2] NO	28d. DES	SCRIBE HOW IF	NJURY OCCI	JRED	
8	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE O building,	otc. (Specify)	it home, ferm,	atreet, fect	ory, office					nd Number o	or Rural Rou	te Number,
OMPLE													nd menner es stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER	PASal	Har-	right	ml	nD	29c. LICE D Z	NSE NUN	IBER 49		29d. DATE	SIGNED (M	onth, Day, Year)
	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED	Anna 4. SOCIAL SECURITY NUMBER 215 12 1303 99. FACILITY NAME (If not institution, give service) Franklin Sq. Franklin Sq. RESIDENCE OF DECEDENT 109. STATE 109. STATE 109. STATE 109. STREET AND NUMBER 601 SODWIT 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade) Elementagy/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) Frank Vital 199. INFORMANT'S NAME (Type/Print) Frank Baltusis 20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remediate Cause. 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SOCIAL SECURITY NUMBER 21.5 12 1303 90. FACILITY NAME (If not institution, give street end number) Franklin Sq. Hospital FRESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland 100. STREET AND NUMBER 601 Sopwith Dr. 11. MARITAL STATUS 10 Merried 11. Marital STATUS 12. Was DECEDENT FORCES? 13. DECEDENT'S EDUCATION (Specify only highest grade completed) 17. FATHER'S NAME (First, Middle, Last) Frank Vitale 190. INFORMANT'S NAME (Type/Print) Frank Baltusis 200. METHOD OF DISPOSITION 1 Densition 5 Other (Specify) 21. SIDNAMUME OF DISPOSITION 1 Densition 5 Other (Specify) 21. SIDNAMUME OF DISPOSITION 1 Densition 5 Other (Specify) 22. PART Enter the disease, or complication in shock, or heer failure. List onlywing call indicated wentar resulting in deeth) NOTIFIED OF DISPOSITION 1 Design 2 Design 2 Decedent of Due to the call of the call o	Anna 4. Social Security Number 215 12 1303 96. FACILITY NAME (If not institution, give street end number) Franklin Sq. Hospital FRESIDENCE OF DECEDENT 106. 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F 11. MARITAL STATUS 12. WAS DECEDENT SPONS IN LIVES 2 MAD OF CORDENT STATE 13. SECSEBENT'S SEQUENTION (Specify cold) Pripage of the street and number) 14. Nover Married 2 Merried 1 12. WAS DECEDENT STATE 15. SECSEBENT'S SEQUENTION (Specify cold) Pripage of the street and number in	Anna 4. SOCIAL SECURITY NUMBER 21.5 12 1303 1.	Anna SCARANTINO Jan 4. SOCIAL SECURITY NUMBER 215 12 1303 1	ADDITION OF LOCATION OF LOCATI	ATIMA - SOCIAL SICURITY NUMBER 215 12 1303 - SACE SAC	ATINE SCARANTINO SOCIAL SOCIAL SECURITY NUMBER 1. SOCIAL SECURITY NUMBER 2.15 12 1303 1. D M SCIT SOCIAL SECURITY SOCIAL SECURITY SOCIAL SECURITY NUMBER 1. SOCIAL SECURITY NUMBER SOCIAL SECURITY NUMBER SOCIAL SECURITY NUMBER FRANKLIN SOCIAL SECURITY FRANKLIN SOCIAL SECURITY FRANKLIN SOCIAL SECURITY SOCIAL SECURITY NUMBER FRANKLIN SOCIAL SECURITY SOCIAL SECURITY SOCIAL SECURITY

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BALTIMORE, MARYLAND 21215-0020

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Constant of the constant of th	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	L DRECTOR: After this certificate has been signed by the attending physician and completely it hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation
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30. NAME AND ADDRESS OF

JAN 04 19

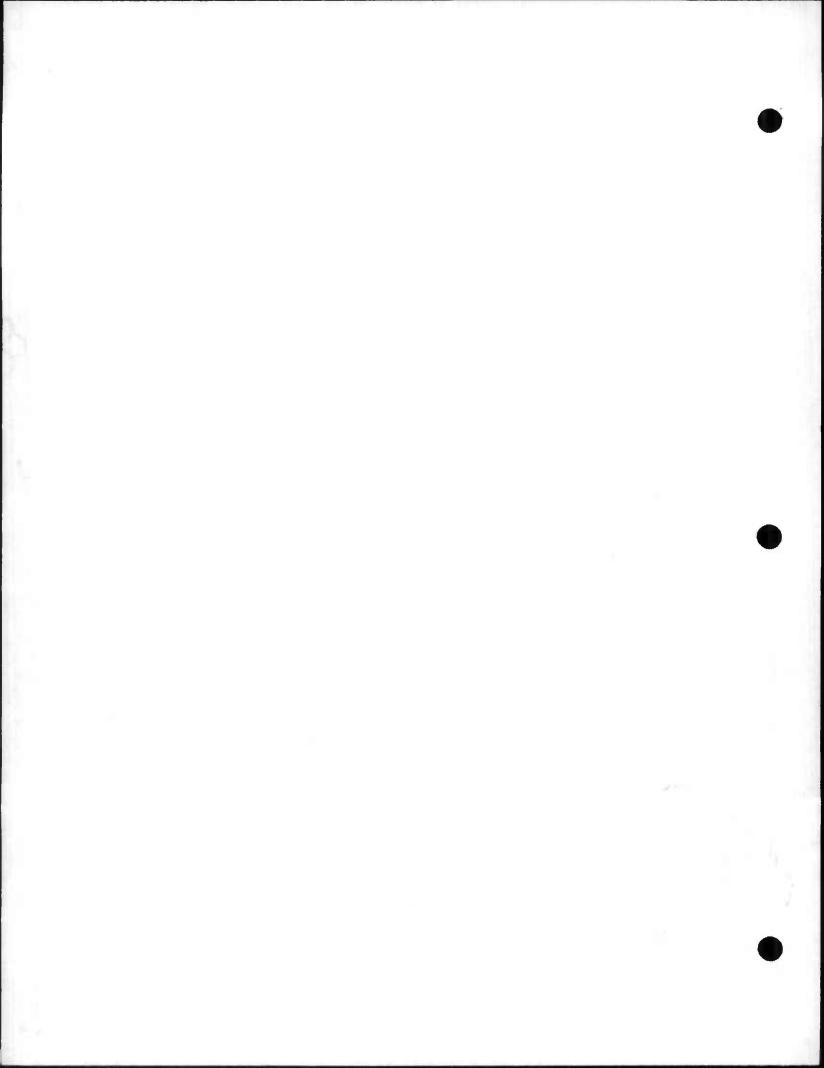
WHO COMPLETED CAUSE OF DEADY (ITEM 27) (Type, Print)

32. AEGISTRAR'S STATURE

95 00058 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Francis Skarupa Paul 1995 January 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Ybar, IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign
Country) HOURS 61 t X M 2 - F YRS. 218-28-5577 March 28 Maryland 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR 3018 Texas Ave Baltimore Baltimore tob. COUNTY toc. CITY, TOWN OR LOCATION tod. INSIDE CITY Maryland Baltimore Baltimore 1 YES 2 NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3018 Texas Ave 21234 S.A It. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced Specify: White 1954 - 1956 COMPLETED tea. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working ts. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-t2) College (t-4 or 5 +) Data Processing Coordinator notified at once. t7. FATHER'S NAME (First, Middle, Last) ts. MOTNER'S NAME (First, Middle, Maiden Surname) Felix Skarupa Frances Andrychowski t9e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Patricia Μ. Skarupa Same as 10e must be 20e. METHOD OF DISPOSITION
t Suriel 2 Cremation 3 Removal from State
4 Donetion 6 Other (Specify) 20b. PLACEAND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Moreland Mem. Pk. 1/4/95 **Baltimore** Md the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck Funeral Home, Inc. Ion ale 5305 Harford Rd Balto Md 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or hasrt failure. List only one cause on each lina. IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in death) shows any injury, or other traumatic event, PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. If any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES MO 🗆 UNCERTAIN hours after death with the State Dept. Item 28 is marked, or item 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER t YES 2 NO 6 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED t Natural 5 Pending investigation 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, term, street, tectory, office building, stc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, Stets) COMPLETED 8 Could not be 4 🗍 Homicide 29e. CERTIFIER t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner os stated. (Check only one) 2 MEDICAL EXAMINER: ation end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner as stated. 29b. SIGNATURE AND TITLE OF BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF N				IT OF HI E OF			MENTAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last) UVee Sollars									2. DATE OF DEATH DAY YEAR January 1,1995			3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) $266-22-8151 \qquad \qquad 1 \ \square \ \text{M} \ 2\ \text{X} \ \text{F} \qquad 71 \qquad \text{Yrs.}$					IF UNDI	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTH Country	
90. FACILITY NAME (If not in		41	71	THS.	01 017				01/16/192			ensas
8010 Kava	_	_			96. CI		on on Location of Death Dundalk Baltimore					
RESIDENCE OF DEC				40 017							4101	
Maryland		altimore		10c. CIT	Y, TOWN	OR LOCATI	ON	D	J-11-			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		archior(101.	ZIP CODE	_	dalk	10g. CIT	IZEN OF W	1 YES 2X NO
8010 Kavaı	nagh Ro	ad							1222	23/2/17/19		States
11. MARITAL STATUS 1 Never Merried 2 States Widowed 4 Divo	Merried		T EVER IN U.S. ARI YES 2 N WAR OR DATES		13		cify Cube	n, Maxica	IC ORIGIN? (Specify Yas n, Puerlo Rican, etc.)	or No—	14. RACE Black Specif	, White, etc. White
	EDENT'S EDUCA		(Gi	ve kind of v	work done	OCCUPATION e during mos		na .	16b. KIND OF BUS	INESS/IND	DUSTRY	
9 Yeras YEA	m es	College (1-4 or 5 -) Itte.	DO NOT US HOUSE	e retired.	.)				Own I	Homo	
17. FATHER'S NAME (First, M	iddle, Last)			1003	VV_L_T	<u>.e</u>	18. MOTH	HER'S NAI	ME (First, Middle, Maiden		idile	
Eugene Tyl	ler						I	Edna				
190. INFORMANT'S NAME (7)									loute Number, City or Town			110
Sharon Whe	ION		20b. PLACE A					ave.	Edgemere 200, LO		City or To	
1 ☐ Burlal 25 Crematio 4 ☐ Donetion 5 ☐ Other		al from State	Hillto	natory or o	ther plece	e)		1/3	1		-	yland
21. SIGNATURE OF TUNERA	L SERVICE LICEN	VSEE))		22	2. NAME AN	ADDRES	S OF FAC				
delleg	2	Kees				7922	Wise	Ave	e. Dundall	c. Ma	arvla	
23. PART I. Enter the di shock, or fr	iseea)a, or coi eart fallure. Lis	mplications the st Dnly one cau	caused the de- se on each line.	eth. Do r	ot ante	er the mod	le of dyl	ng, aucl	ea cardiec or respi	ratory an	reet,	Approximata Interval Between
IMMEDIATE CAUSE (Findisease or condition resulting in deeth)	a.	Co.				stag	ce					Onset and Desth
		10000-	Manal	DENCE OF	D: Oxio	0181	Do	abo	14.05			
Sequentially list conditi			(OR AS A CONSEO			wax			JOJC.			
cause. Enter UNDERLYI CAUSE (Disease or Inju												
thet initiated events reaulting in deeth) LAS	7	DUE TO	(OR AS A CONSEO	UENCE O	F):							
DARY II Other dealths	d.											
PART II. Other algnifice	/		* /			H-GZ			PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Luncaste	ynso	mac.	Recht	one	100	trial	Riba	Mas	1 - YES 2	МО		OF DEATH?
DID TOBACCO U	SE CONTRI	BUTE TO CA	USE OF DEAT	TH YE	s 🛛	NO D	UNC	ERTAIN				
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:	28. PLAC	E OF DEAT	-	k only one)						
1 YES 2 NO			ER/Outpatient 3	□ DOA	4 Nu	ER: ursing Home	5 Re	eldence	8 Other (Specify)			
	Pending	28e. DATE OF (Month, D		28b. TIM INJ	E OF URY M	28c. INJU WOR	IK?	OM F	28d. DEŞCRIBE HOW IN	JURY OC	CURED	
3 Sulpido	Could not be	28a. PLACE O	F INJURY A1 hor	ne, ferm, s	street, fe			,	281. LOCATION (Street a	nd Number	or Rural A	oute Number,
	determined	building,	etc. (Specify)						City or Town, State)			
29a. CERTIFIER (Check only	IFYING PHYSICIA	AN: To the best of	my knowledga, des	th occurr	d at the	time, data a	ind place,	end dua	to the ceuse(e) and man	ner ee stat	led.	
one) 2 MEDI	CAL EXAMINER:	On the basis of a	amination end/or in	rvestigatio	n, In my	opinion, de	eth occur	ed at the	time, data end place, end	due to th	ne csuse(e)	end menner es stated.
AD MI	P. Cu	MAE	Ruse	m	5		29c. LICE	NSE NUM	220	29d. DAT	BIGNES /3/	(Month, Day, Year)
30. NAME AND ADDRESS OF	10001	POINT	E OF DEATH (ITEM	1977) (Type,	Sal Sal	Hm	00	, 1	W 212	24		
JAN 04 1991	(bla	32. REGISTRA	R'S SIGNATURE				7					

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	if hours after death. Page 6 may be retained by the hospital or attending physician.	The Land State this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	te medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with "64 hours after death. Page 6 may be retained by the hospital or attending physician.	IR DAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burlal, cremation, or removal.	It it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO		
- 3	1. DECEDENT'S NAME (First, Middle, Last)					2 DATE OF DEATH		3. TIME OF DEATN
	MARY LOUISE ST	YMINGTON				1 - 2 -	1995 ^{YEAR}	5.00 P W
	4. SOCIAL SECURITY NUMBER	GE (In yrs. last birthday)	rs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			A BIE	TTHPLACE (State or Foreign	
	216-07-3565	1 🗆 M 2 💢 F	86 YRS.	MONTHS DAY	B HOURS MIN.	(Month, Day, Year) 5-9-190	Cou	ARYLAND
	9a. FACILITY NAME (If not institution, give s		00	01 0174 704	N OR LOCATION OF DE			
œ	and the second s			100		ATH	9c. COUNTY OF	DEATH
<u>ē</u>	103 OVERHILL RI	D		BA	LTIMORE			
ត្ត	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10a CIT	Y, TOWN OR LO	CATION			
DIRECTOR	MARYLAND	•						10d. INSIDE CITY LIMITS?
	,		BA	LTIMO				1 YES 2 NO
≅	10e. STREET AND NUMBER			1	10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	103 OVERHILL I	RD.			21210		U.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y		13. WAS I	ECENDENT OF NISPAN	IIC ORIGIN? (Specify Yes	or No - 14. RA	ACE — American Indian, ack, White, etc.
M	1 Never Married 2 Married	IF YES, GIVE WAR O			specify Cuban, Mexica ES 2 NO Specify			ecify:
	3 Wildowed 4 Divorced							WHITE
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUP	ATION	16b, KIND OF BUS	SINESS/INDUSTRY	1
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)	We. Do NOT us	work done during se retired.)	most or working			
₫	12		HOUS	EWIFE		HOMEMA	AKER	
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
	ROBERT S. MASI	LIN SR.				WRIGHT		
BE	19s, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Soute Number, City or Tow	n State 7in Code)	
2	ROBERT M. BARRO	OT.T.				BALTO., MI		10.
1	20a, METNOD OF DISPOSITION		20b. PLACE AND DATE				CATION — City or	
	1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	ioval from Stata	LOUDON	ther placel	TEM	1/95 BA		
	21. SIGNATURE OF FUNERAL SERVICE LIG		LOODON		AND ADDRESS OF FA		LIU., MI	J.
l	01	0.0				ENKINS &	SONS (20.
	William	K. Varis	-111			RD. BALTO		
	23. PART i. Enter the diseasea, or	complications that cau	sed the death. Do i	not enter the	mode of dying, auc	h aa cardiac or reapi	ratory arreat,	Approximate
	ahock, or heart failure.	List only one cause of	n each line.					interval Between
1	iMMEDIATE CAUSE (Final disease or condition	March		- 11				Onset and Death
H	resulting in death)	DUE TO (OR A	AE A COMPENIENTE O	rail	4 FC			244
- 1		() 0 h	AS A CONSCOURNER O	ej: l c	P	~ "		1.00
A STATE OF THE PARTY OF THE PAR						my Dise	- 52	13 9.
S	Sequentially list conditions,	Sequentially list conditions, if any leading to immediate						
ALION			Tarry, leading to immediate cause. Enter UNDERLYING					
CATION	cause. Enter UNDERLYING CAUSE (Disease or injury	· Tobacco	use	-				
TIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	· Tobacco		-				
EHTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	· Tobacco	use	-				
_ [cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE OF	F):		Part i. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS
CAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	d	AS A CONSEQUENCE OF	F):		PERFOR	AUTOPSY 2 MED?	4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMB. EXTON OF CAUSE
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BE COMPLETED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition CS to Cause	DUE TO (OR A d. na contributing to deat Maln in Peptil HOSPITAL: 1 Inpatient 2 ERVC 28a. DATE OF INJUI (Month, Day, Yes 26a. PLACE OF INJ building, atc. (3) ICIAN: To the best of my kn ER: On the best of axamin.	AS A CONSEQUENCE OF AS A C	In the underly Stim 1 Disea 28 OTHER: 4 Nursing h IE OF URRY M 1 [street, factory, o on, in my opinion A Print)	PLACE OF DEATN (Chiome 5 (NResidence INJURY AT WORK? YES 2 NO Mice sta and place, and due to, death occurred at the	PERFOR 1 YES 2 1 YES 2 6 Other (Specify) 28d. DESCRIBE NOW II 28t. LOCATION (Street a City or Town, State) to the cause(s) and mer time, data and place, an IBER	AUTOPSY NO 2 NJURY OCCURED and Number or Rura stated. d due to the cause. 29d. DATE SIGNI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF CATH? 1 YES 2 NO NO PRIOR TO THE PRIOR TO COMPLETION OF CAUSE OF CATH? 1 YES 2 NO NO PRIOR TO THE PR
BE COMPLETED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition CS to Cause	DUE TO (OR A d. na contributing to deat Maln w Peptil HOSPITAL: 1 Inpatient 2 ERVC 28a. DATE OF INJUI (Month, Day, Yes 26a. PLACE OF INJUI building, atc. (s)	AS A CONSEQUENCE OF AS A C	In the underly Stim 1 Disea 28 OTHER: 4 Nursing h IE OF URRY M 1 [street, factory, o on, in my opinion A Print)	PLACE OF DEATN (Chiome 5 (NResidence INJURY AT WORK? YES 2 NO Mice sta and place, and due to, death occurred at the	PERFOR 1 YES 2 1 YES 2 6 Other (Specify) 28d. DESCRIBE NOW II 28t. LOCATION (Street a City or Town, State) to the cause(s) and mer time, data and place, an IBER	AUTOPSY NO 2 NJURY OCCURED and Number or Rura stated. d due to the cause. 29d. DATE SIGNI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO al Route Number, e(a) and manner as stated. ED (Month, Day, Year)

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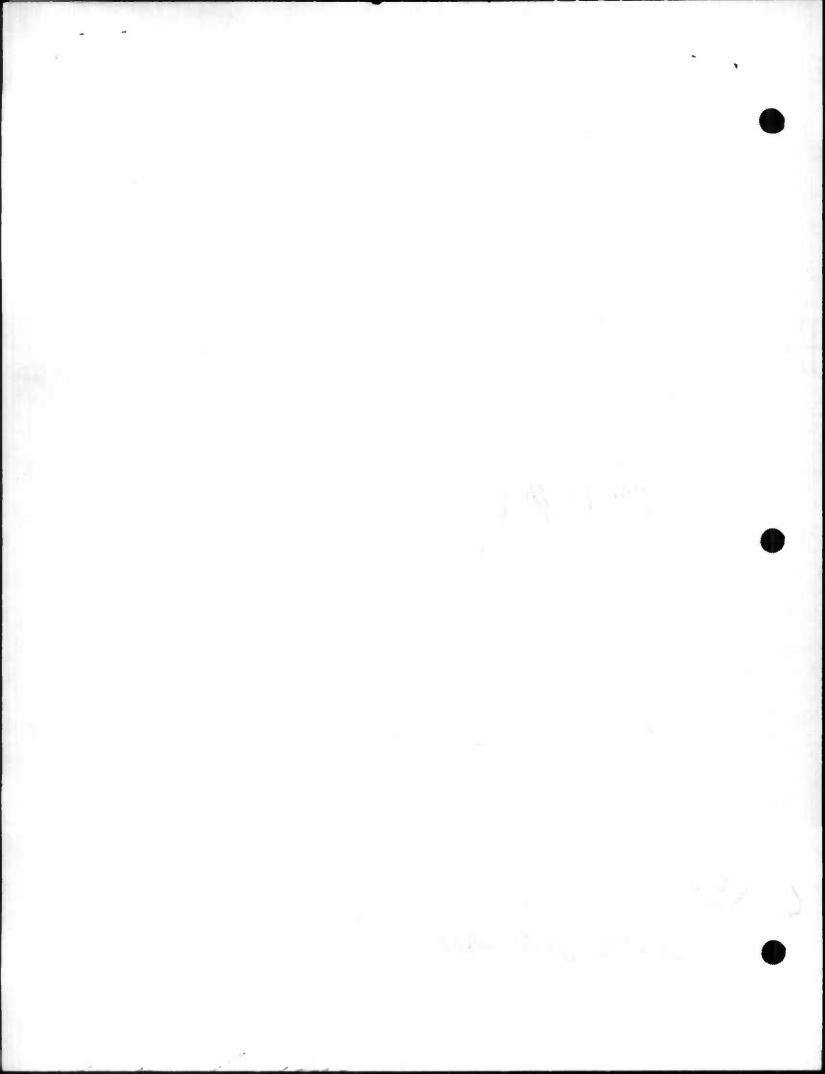
TO THE MOSPIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	death. Page 6 may be retained by the hospital or attending physician.
THERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after the State Dept. of Health and Mental Hygiene prior to burial, oremation, or removal.	e funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should al.
Amountaint. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FIINFRAL DIRECTOR

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATH		3. TIME OF DEATH		
	Clara C Smi	+h				MONTH	DAY 1 1	YEAR			
	Clara S Smi	5. SEX 8. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Januar			THPLACE (State or Foreign		
	219-22-9979-A	1 🗆 M 2 💢 F	VRS	MONTHS DAYS	HOURS MIN.	(Month, Day.	Year)	Cour	irginia		
			.86 Ins.			July 14					
-	9e. FACILITY NAME (If not institution, give				R LOCATION OF DE		90	c. COUNTY OF			
DIRECTOR	102 Washington Stree	t		Timonium	, Maryland			Baltimo	re		
5	RESIDENCE OF DECEDENT			TAL							
1 2				, TOWN OR LOCATI	ION				10d. INSIDE CITY LIMITS?		
	Maryland Baltin	ore	Timor	ilum					1 YES 2 X NO		
AL	10e. STREET AND NUMBER			101.	ZIP CODE		10	g. CITIZEN OF	WHAT COUNTRY?		
E	102 Washington Street	_			21093			U.S.A.			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	DINII S ADMED	12 48 050	ENDENT OF HISPAN	10.0010110.00					
	1 Never Married 2 Merried	FORCES? 1 Y	ES 2 NO	If yes, spe	cify Cuban, Mexican	n, Puerto Rican,	atc.)	14, RAC	CE — American Indian, ick, White, atc.		
B	3 X Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES	1 TYES	2 NO Specify	7.			ootly:		
	15. DECEDENT'S EDI	UCATION	44- 200500000	 		-	_		Mhite		
	(Specify only highest grad	e completed)	(Give kind of w	USUAL OCCUPATION work done during most e retired.)	N it of working	16b. KIND	OF BUSINE	SS/INDUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)		· ·		Wester	m Elec	ctric			
2			WITE A	ssembly							
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	0	24		18. MOTHER'S NAI	ME (First, Middle,	Meiden Surn	ieme)			
BE	George C. Stanley	y Sr.	6,		Clara M	iltilda I	Roche				
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street en	nd Number or Rural R	loute Number, City	or Town, St	ate, Zip Code)			
2	Thomas Wheatley			hington St							
	20e. METHOD OF DISPOSITION		20b. PLACE AND DATE O					ION — City or 1	Same Care		
	1 N Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	cametery crematory or of baltimore N	herpiace)				ore City			
1 1	21. SIGNATURE OF FUNERAL BERVICE W		Delicible IV								
1 1		001/1		22. NAME AND	D ADDRESS OF FAC	The	Dippe	1 Fune	ral Home Inc		
	22. NAME AND ADDRESS OF FACILITY The Dippel Funeral Home Inc. 7110 Belair Road Baltimore, Maryland 21206										
\Box	23. PART/I. Enter the diffeases, or shock, or heart failure.	mplications that cou	sed the deeth. Do n	ot anter the mod	le of dying, such	as cardiac o	r respirato	ry arrest.	Approximata		
ш	shock, or heart failure.							T. TOVE OUT	Interval Between		
1 1	disease or condition	00.1	1/20015	115-					Onset and Death		
0.0	resulting in desth)	a. 4 //	S A CONSEQUENCE OF	Julyea	ell						
196		DUE TO (OH A	S A CONSEQUENCE OF	1 2 2							
CERTIFICATION	Sequentially list conditions b.										
E	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
일	CAUSE (Disease or Injury	C									
Ē	thet initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
1 1 1	d.										
	PART II. Other significent condition	ns contributing to deat	hut not reculting in	a the underlying	cause alum in I	Darit Late 1					
DICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I, 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE A MAILAGE										
ă						_ 1 🗆	YES 2 X	NO	COMPLETION OF CAUSE OF DEATH?		
M									1 YES 2 NO		
	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEATH YE	S NO D	UNCERTAIN						
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEAT								
	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/O	untantlant 2 7 504	OTHER:							
РНУ	27. MANNER OF DEATH	28e. DATE OF INJUR		4 Nursing Home	Λ						
	1 V Netural 5 Pending	(Month, Day, Yea	r) INJU	JRY WOR	IK?	28d. DESCRIBE	HOW INJUR	Y OCCURED			
à	2 Accident Investigation				ES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF INJU building, etc. (S	IRY At home, farm, st pecify)	treet, factory, office		28f. LOCATION City or Town	(Street and N	lumber or Rurel	Ploute Number,		
COMPLETED	4 Homicide determined						, 51010,		1		
2	29e. CERTIFIER (Check only 1) CERTIFYING PHYS	ICIAN: To the best of my kn	owledge, death occurre	d at the time date a	and place, and due t	to the cause(s) a	nd manner	on stated			
×		ER: On the basis of examina							(a) and manner as stated		
-8								I to the cause(e) one mainer or stated.		
M.	296. SIGNATURE AND TITLE OF CERTIFIE	Il m			29c. LICENSE NUM				D (Month, Day, Year)		
2	Miker Jr				11305.	10		Jan. 3	, 1990		
1	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF	DEATH (ITEM 27) (Type.)								
	1777 Yall	100 lus	Mesult	MO							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI		7							
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	OH ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
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		1 - STATE STATE OF MARYLAND / DEPARTME CERTIFICA	ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Lest) Madie W Thate		2. DATE OF DEATH DAY	year 3. TIME OF DEATH
9		4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) F-Un	YDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	(Month, Day, Year)	BIRTHPLACE (State or Foreign Country) TanyLand
2, 3 should	OR	Meridian Perring Phwy	Balto.		Y OF DEATH
44	DIRECTOR	A .	VN OR LOCATION	12000	10d. INSIDE CITY LIMITS?
physician. burial-transit permit. Pages		1431 Taylor Ave.	imine 101. ZIP CODE	10g. CITIZE	1 Q YES 2 NO
	FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 JONO FORCES? 1 YES 2 JONO FORCES? 1 YES CIVE WAS OR DATES	2/234 13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica 1 YES 2 NO Specify	in, Puerto Rican, atc.)	4. RACE — American Indian, Black, White, etc.
r attending use as the	TED BY	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAI (Give kind of work de	L OCCUPATION the during most of working	16b. KIND OF BUSINESS/INDU	White
hospital o ached for £6.	COMPLET	Elementary/Secondary (0-12) College (1-4 or 5 +) Homemake	er.	Home	
be def	BE CO	17. FATHER'S NAME (First, Middle, Lest) Jacob F. Weben	18. MOTHER'S NA	ME (First, Middle, Malden Surname)	
5 should notified	0 B	M CI · W TI · o	ESS (Street and Number or Rural I	Route Number, City or Town, State, Zip C	ode)
may be r or, page 5 st be n		20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISP		Balto Md 2 DATE 20c. LOCATION - CH	1234
Page 6 ma il director, p		1) Burial 2 Cremation 3 Removal from State cemetery, crematory or other ple		1/5 Balto.	
death. funera		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	72. NAME AND ADDRESS OF FA Partley Mil. 17527 Hartord	ler Funeral H d Rd. Balto	ome Md. 21234
y filled in by the tion, or removal.		PART I. Enter the diseases, or complications that caused the deeth. Do not en shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition	ter the mode of dying, such	h as cardiac or respiratory erres	Approximats interval Between
within pletel crema rent,		resulting in death) s DUE TO (OR AS A CONSEQUENCE OF):	21 1 15	nal hromm	The state of the s
exect n and to bur	ATION	Sequentisity list conditions, if any, leeding to immediate cause. Enter UNDERLYING	Shuch	ve Inhome	Aser
phy ne p	CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):			
the death certify the attending of Mental Hygie Injury, or oth		d. All will			
by and	MEDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the	underlying couse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: The law requires the this certificate has been signed with the State Dept. of Health riked, or item 23 shows an	N: W				1 YES 2 NO
AN: The law ficate has be State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	26. PLACE DF DEATH (Chi IER: Nursing Home 5 Residence		
PHYSICIA this certif with the thed, or	РНҮ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCU	RED
OR ATTENDING PHYSICIAN: The DRECTOR: After this certificate in ours after death with the State Drem 28 is marked, or item	ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined determined	1 TES 2 NO	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
OR AT DERECT hours a Item 2	PLETE	29e. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the	ne time, data and place, and due	to the cause(a) and manner on stated	
THE REAL PROPERTY.	COMPL	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in m			
E E S	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER M	D 3	ABER 29d. DATE 5	SIGNED (Month, Day, Year)
	ĭ	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SHOA[1]3 A - HASIAM 82 (N	Entono &	or Soute 3:	of Bult.M.
		JAN 0 4 1995 Falls Develop Road W.			-

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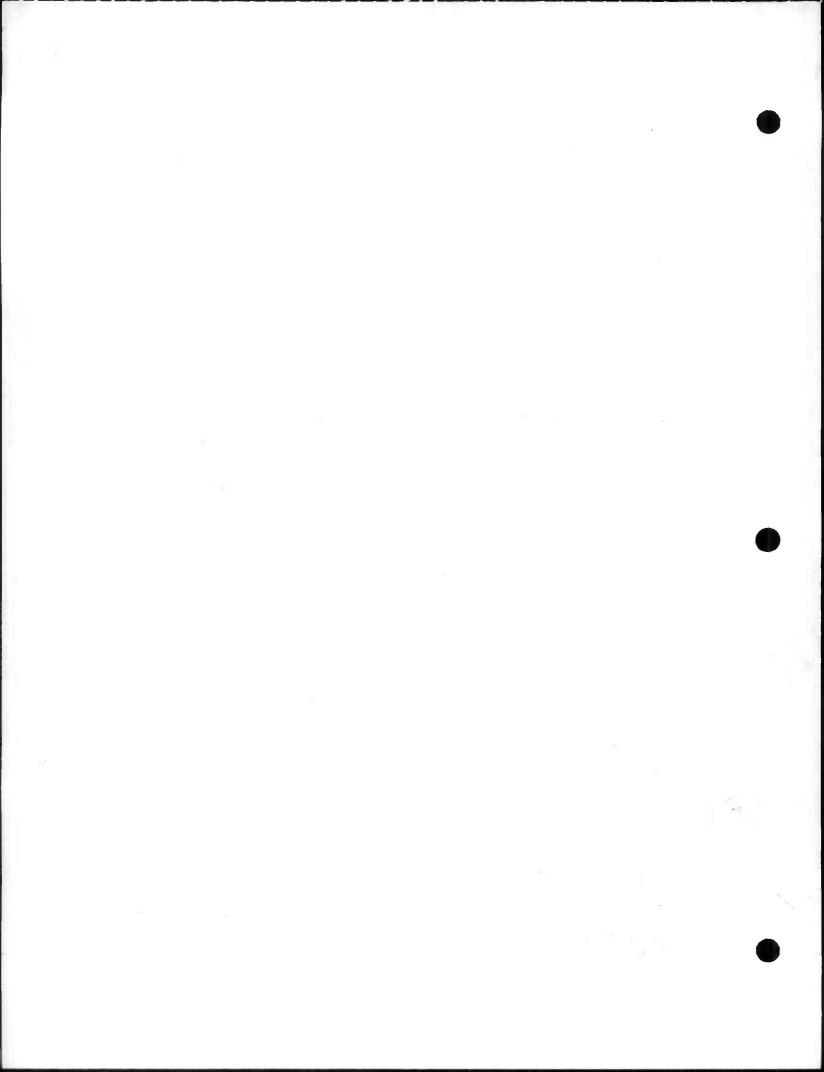
40SPTING MITERIANG PHYSICAN). The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	UNERFORM OF CONTROLS Are the confidence has been signed by the attending physician and completely filled in by the funeral director, page § should be detached for use as the buriat-transit nermit. Panes 1.2.3 should	rithin a note that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ANT livem 28 termined or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be matified at once
TO THE HOS	TO THE FUN	be filed with	MPORTAN
,	-	-push	****

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	1 - FOR STATE REGISTRAR	STATE OF M		DEPAR					MENTA	L HYGIEN	E		
- 1	1. DECEDENT'S NAME (First, Middle, Last)	7.7	ml						MONT		AY	YEAR 3	. TIME OF DEATH
- 0	Eugene 4. SOCIAL SECURITY NUMBER	H.	Thomas							1-95			м
- 5	218 03-2387	1 🔀 M 2 🗆 F	6. AGE (In yrs. las	YRS.	MONTHS	DAYS	IF UNDER	MIN.	7. DATE (Mont/	OF BIRTH 1, Day, Year) -21-1	010	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give st				9b. CIT	Y. TOWN C	OR LOCATIO	ON OF DE		-21-1		TY OF OEA	I. J.
OR	124 W. Frankl	in St.					timo				Jan 000///	. 01 004	
124 W. Franklin St. Baltimore													
JIRE	100. STATE 10b. COUNTY			Ba	ilti	mor	e						Od. INSIDE CITY LIMITS?
AL.	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CITIZI		YES 2 NO
ER/	124 W. Frankl	in St.					2120	01				US	
S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT O	F HISPAN	HC ORIGIN	? (Specify Yes	or No- 1	4. RACE -	- American Indian, White, etc.
34	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W				1 YES		Specify		Rican, etc.)		Specify:	
	15. DECEDENT'S EDUC	CATION	18e, OE	CEDENT'S	USUAL C	CCUPATIO	N		16b.	KIND OF BUS		Blac	K
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+		ive kind of a Do NOT us			st of workin	g					
COMPLETED			M	lach:	Lnis	st				.S. P		Offi	.ce
8	17. FATHER'S NAME (First, Middle, Last) George Thomas						18. MOTH	ER'S NAI	ME (First, I	Widdle, Maiden	Sumame) char	deor	,
BE	190. INFORMANT'S NAME (Type/Print)		101	h MAILING	ACORES	C /Stenat a				per, City or Town			
2	Evelyn J. Tho		1	.24 1	V. I	ran	kliı	n St	E. B	alto.	, Md	. 21	201
	20g METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Remo	aval from State	20b. PLACE	MET MET	F DISPO	Lal	Parl	ς.	1/	5 20c. Loc Ba	cation — cr	ty or Town	State .
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22:	raine	SAODAES	s on Me	Tto	n & S	ons		
	James a Morton 1701 Laurens St. Balto., Md. 21217						1. 21217						
	23. PART I. Enter the diseases, or c shock, or haert failure. I	omplications that List only one cau	ceused the de se on each lina	eth. Do r	ot ente	the mo	de of dyl	ng, auch	h as card	liec or respi	ratory arrea	nt,	Approximete Interval Between
	IMMEDIATE CAUSE (Final disease or condition	0	MACA	1	1	2/	1. +						Onset and Death
	resulting in deeth)	B. OUE TO	OR AS A CONSEC	DUENCE OF	(/	1114	45/	700					
Z	week course and second	,	schen	110	C	Ava	lion	YN	ALL	Lad.			
ERTIFICATION	Sequentially list conditions, if any, leeding to immediate	OUE TO	OR AS A CONSEC	DUENCE OF	7):			/ 4	_				
5	CAUSE (Disease or Injury	DUE TO (OR AS A CONSEC	OUENCE OF	n.								
E	that initieted eventa reaulting in death) LAST	4			,.								İ
ᄗ	PART II Other clearlines are stated												
MEDICAL	PART II. Other significant conditions	E contributing to	deeth but not r	esulting	n the u	nderlying	ceuse g	iven in I	Part I.	24s. WAS AN PERFOR		A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
Ē	1400000	cenal	Fair							1 TES 2	-NO		OMPLETION OF CAUSE F DEATH?
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN							YES 2 NO					
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 28. PLACE OF DEATH (Check only one)												
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		5 1	sidence	6 🗆 Other	(Specify)			
PH	27. MANNER OF CEATH 28e. DATE OF INJURY (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year)												
B	2 Accident Investigation	20. 51 105 01			М		ES 2	NO					
	3 Suicide 8 Could not be determined	building, e	INJURY — At hor atc. (Specify)	me, term, s	treet, tac	tory, office	•			ATION (Street e or Town, State)	nd Number or	Rural Rout	te Number,
9	290. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the heat of a	Tu knowledge de	oth conver	of mt should	N=							
COMPL		R: On the beele of ex											nd menner ee stated
N N	29b. SIGNATURE AND TITLE OF CERTIFIER		1					NSE NUM					onth, Day, Year)
0	WKEAR	107 11H)				D	279	360		> /	3/9	5
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH //TEN	4 0T) (F	Outest		- Contraction					-11	-

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3. TIME OF DEATH

2. DATE OF DEATH

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

PIWSION OF VITAL RECORDS, P.O.

Joseph Tarleton 95 1:50 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 213-07-5725 1XXX 2 □ F YRS. APRIL 10,1913 BALTIMORE CITY, MD. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR JOHNS HOPKINS BAYVIEW BALTIMORE BALTIMORE CITY 10e. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE COUNTY BALTIMORE 1 - YES 2 NO permit. FUNERAL 10e, STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the bunial-transit 10829 PROCTOR AVENUE 21162 USA hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TYES 2 NO Specify. Specify: 3 Widowed 4 Divorced WHITE ED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g П ò Elementary/Secondary (0-12) College (1-4 or 5+) COMPL funeral director, page 5 should be detached BETHLEHEM STEEL TURN FOREMAN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Page 6 may be retained by the स् JOSEPH T. TARLETON, KATHERINE ANN STANSBURY notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 JOHN FRANK TARLETON 16 LINWEN WAY BALTIMORE, MARYLAND 21236 pe 20e, METHOD OF DISPOSITION
XX Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must GARDENS OF FAITH JANUARY 5, 1995 BALTIMORE, MARYLAND 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Passah Finial LASSAHN FUNERAL HOME, INC. powo the 7401 BELATR ROAD BALTIMORE, MARYLAND 21236 or removal. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximata shock, or haart failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death the cremation, disease or condition resulting in death) Cancer Lung attending physician and completely months event. DUE TO (OH AS A CONSEQUENCE OF): prior to burial, traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other signed by the attending phy Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated evanta resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? PERFORMED? апу YES 2 NO 1 YES 2 NO the sertificate has been with the State Dept. of I PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES X NO UNCERTAIN ATTEMBRING PHYSICIAN: The law item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** NOSPITAL: OTHER: 1 YES 2 NO patient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 26e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked nth, Day, Year) 1 Natural 2 Accident 5 Pending 1 YES 2 NO ВУ Affer Investigation 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide .07 ETED 6 Could not be 900 4 Homicide 23 determined CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE HOLPTON
TO THE FUNERA
DE FIND WITH 7 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MD, 95016 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D. Johns Hopkins Baynew Hospital 8 Michael M. Wang 4 1995 Julia Dhudhor Rarball 31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF DEATH

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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

William Wilsey

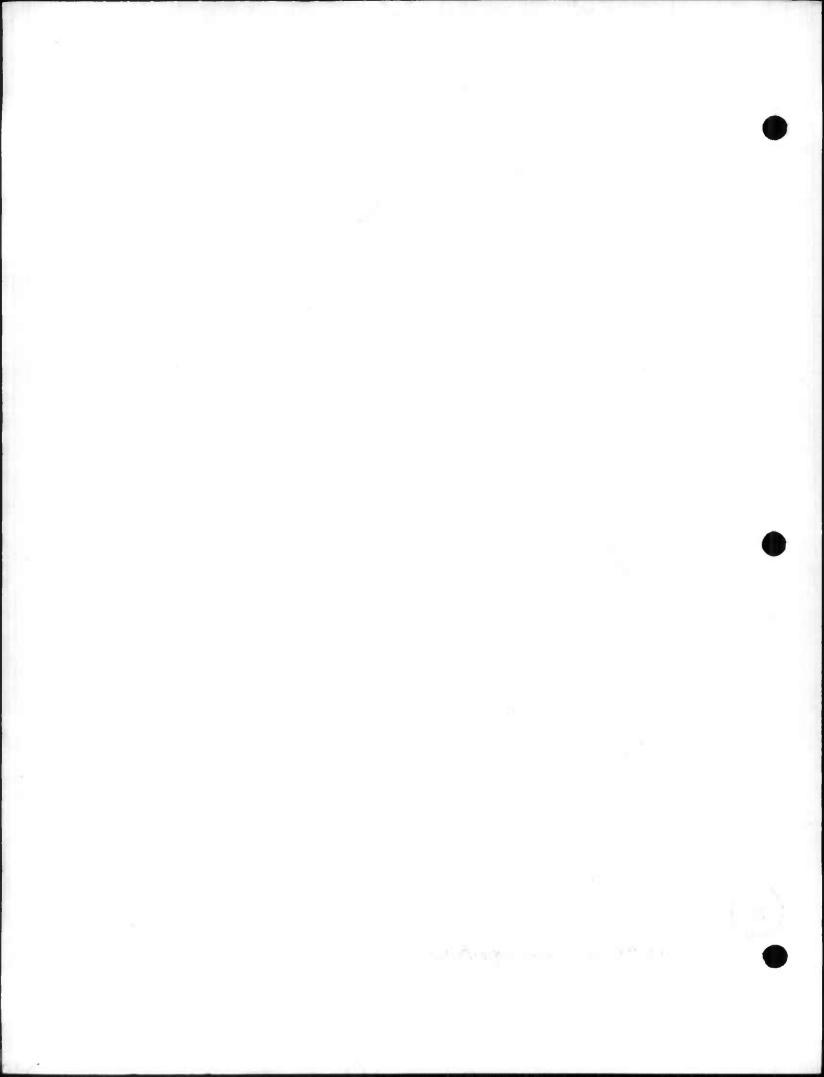
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4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. March 3,1944 473-50-7284 50 1 🕅 M 2 🗌 F permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR St. Agnes Hospital Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Baltimore Catonsville FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 2 Bull Branch Court use as the burial-transit 21228 retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto R. IF YES. GIVE WAR OR DATES YES ZXNO BY Specify 3 Widowed 4 Divorced COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ğ Elementary/Secondary (0-12) College (1-4 or 5+) 12 Manager N.S.A. 17. FATHER'S NAME (First Miciella Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Norman Wilsey 76 Winifred Klug funeral director, page 5 should be notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Pamela Wilsey (Spouse) 2 Bull Branch Court Catonsville, Maryland 21228 24 hours after death. Page 6 may be pe 20s. METHOD OF DISPOSITION
1∑ Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must John's Cemetery 01-05-95 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNDAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Leroy M & Russell C Witzke Funeral Homes Aussella led in by the fig. 1630 Edmondson Avenue Catonsville Maryland medical 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, filled In 1 shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) completely filler rial, cremation. the Aortic Aladoninal Aneurym disease or condition resulting in death) 60, within event, executed prior to burial. Athorox clerosis traumatic CERTIFICATION attending physician and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate death certificate be cause. Enter UNDERLYING CAUSE (Disease or injury other Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 10 been signed by the at . of Health and Ment. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. law requires that the MEDICAL 24s. WAS AN AUTOPSY any 1 TES 2 NO shows r this certificate has been sign with the State Dept. of He arked, or Item 23 show PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) HOSPITAL OR ATTENDING PHYSICIAN: 1 ☐ Inpatient 2 DER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED Is marked Matural 1 YES 2 NO DIRECTOR: After the hours after death with them 28 is mart BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building. etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL C = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, 29b. SIGNATURE AND TITLE OF CERTIFIE BE W-D 01404 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 900 31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3. TIME OF DEATH 5:05 а. м 8. BIRTHPLACE (State or Foreign Minnesota 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 YES 2 THO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, atc. Specify: White 20c. LOCATION -- City or Town, State Ellicott City, Maryland Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d, DATE SIGNED (Month, Day, Year)

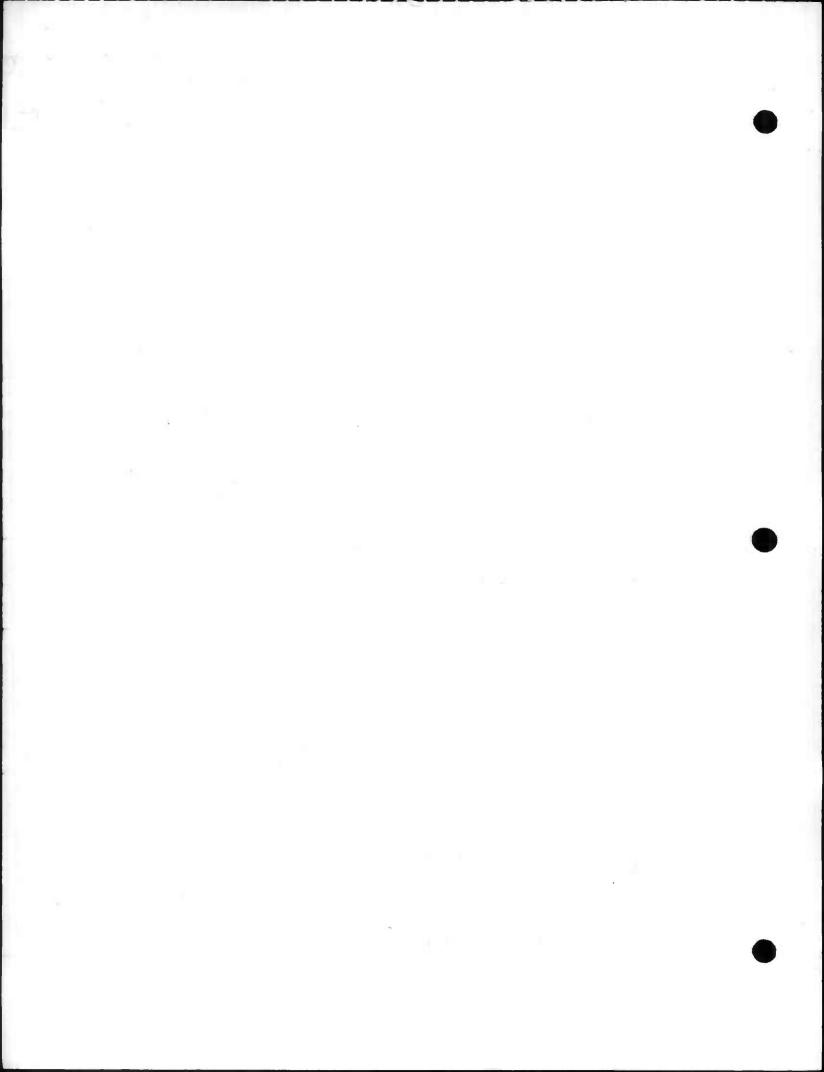


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	ICALE	: 01	DEA	IH		REG. NO.			
	1	1. DECEDENT'S NAME (First, Middle, Last)	Willia	a m	Br	axto	o n	-		2. DATE	OF DEATH	W 3.00	YEAR	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER			yrs. lest birthday)	IF UNDER		#F UNDEF	24 MDC	I DATE	OF BIRTH	199		ACE (State or Foreign
		216-12-5011	1 💢 M 2 🗆 F	72	VDD	MONTHS	DAYS	HOURS	MM.	(Mont	h, Day, Year)		Country)	M d
3 should		9a. FACILITY NAME (if not institution, give s	treet and number)			9b. CITY,	TOWN	OR LOCATI	ON OF DE		-14-2	9c. COUNT	Y OF DEAT	
2, 3 s	OR	2834 Woodbrook	< Avenu	е		Ва	11t	0						6
₩.	닯	RESIDENCE OF DECEDENT										d. INSIDE CITY		
регтік. Pages	- DIRECTOR	Md			200	alto								LIMITS?
ISE	FUNERAL	2834 Woodbroo			101. ZIP CODE 10g. CITIZEN OF S						T COUNTRY?			
attending physician. se as the burial-transit	BY	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	2 X XNO					IN? (Specify Yea or No— 14. RACE - Black, Specify:			American Indian, hita, atc. Black		
	9	15. DECEDENT'S EDUC (Specify only highest grade		ti	6a. DECEDENT'S	work done d	CUPAT	TON post of working	na	16b	. KIND OF BUS	INESS/INDU	TRY	
spital o	COMPLET	Elementary/Secondary (0-12)								imor	е			
the horderach	00	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (First,	Middle, Maiden	Surname)		
के विद	BE (George Brzxton							<u>laude</u>					
s retained 5 should notified	٩	190. INFORMANT'S NAME (Type/Print) Lillie Boyd			1						ber, City or Town		,	
y b		20. METHOD OF DISPOSITION	·	20h BI	2834				venu	e Ba	lto. M	d 21 CATION — CII		and a
e 6 m ector, must		1 X Buriel 2 Cremation 3 Remarks Donation 5 Other (Specify)		camete	ing Met	noria	1 P	ark		1		ndalls		
death. Pag tuneral dir L examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West												
the furner wal.		Yetr by Jordan 1971 West 4300 Wabash Avenue Balto, Md 21215 23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate												
executed within fours after and completely filled in by the to burial cremation, or removal matic event, the medical or	z	iMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Conjection one cause on the conjection of the conjection of the conjection of the conjection of the cause of the conjection of the cause of the c	e on eecl	h line.	6			ing, aucr	- as cen	nac or reap	atory arres		Approximate interval Between Onaet and Death
th certificate be ending physiciar if Hygiene prior or other trau	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
		PART ii. Other aignificent condition	contributing to d	eeth but	not recuiting	in the und	derlyir	ng ceuse (given in i	Part i.	24a. WAS AN			RE AUTOPSY FINDINGS
res sign eat	: MEDICAL	DID TOBACCO USE CONTR	PIRUTE TO CAU	ISE OF	DEATH VI	S 150 N	10 [T UNC	ERTAIN	_	PERFOR		CO DF	NLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
he law e has t e Dept m 23	IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TIDOTE TO CAO		PLACE OF DEA				LKIAII	, ,				
Clan: The intificate h he State or item	PHYSICIAN:	1 VES 2 NO	HOSPITAL:	ER/Outpatio	ent 3 🗆 DOA	OTHER 4 - Nurs		me 5 Re	sidence	6 🗌 Othe	r (Specify)			
ATTENDING PHYSICIAN: The law requirections. After this certificate has been so after death with the State Dept. of H 128 is marked, or item 23 show	ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	25e. DATE OF IN (Month, Day,		26b. TIN	IE OF JURY M	W	JURY AT ORK? YES 2	NO	28d. DES	CRIBE HOW IN	JURY OCCU	RED	
DR ATTENDING I DIRECTOR: After hours after death item 28 is man	ED	3 Suicide 8 Could not be detarmined	28e. PLACE OF I building, at	INJURY — c. (Specify)	At home, ferm,	street, fecto	ry, offi	ce		28f. LOC City	ATION (Street a or Town, State)	nd Number or	Rural Route	Number,
OU DIS	COMPLET		CIAN: To the beat of m											
HOSP! Within IANT:	S	2° MEDICAL EXAMINES 29b. SIGNATUME AND TITLE OF CERTIFIER		mination e	nd/or investigation	on, In my op	inlon,	_			and place, and	dua to the	cause(a) an	d manner as stated.
TO THE HOSPITAL (TO THE FUNERAL (DE filed within 72 h	O BE	Chut						29c. LICE	339	7 Y		≥ 1/	3/95	onth, Day, Year)
	F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH	H (ITEM 27) (Type	, Print)						1		
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR				_				-			
		JAN 0.5 1995	Julia Dhude	ortan	ball									



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BALTIMORE, MARYLAND	executed within 24 hours after death. Page 6 may be retained by the hospital
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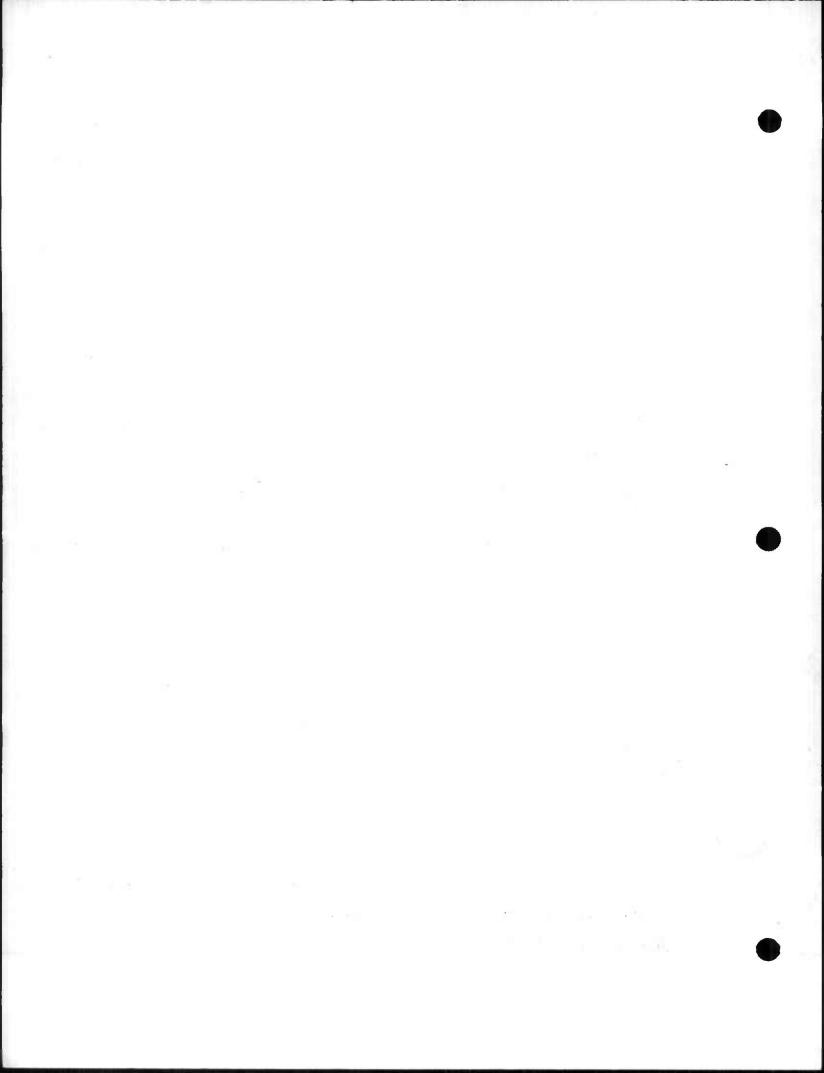
DIVISION OF VITAL RECORDS,

THE H TO THE F WPORT

The After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. OR ATELDING PHYSICIAN: The law requires that the death

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE STATE REGISTRAR				OF DEA		MENIAL	REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O			YEAR	3. TIME OF DEATH
1	Charles J. Brown						Ian	3		95	2:20 Am
		8. AGE (In yrs. last		MONTHS D	AR IF UNDE	R 24 HRS.	7. DATE OF	BIRTH Day, Year)			PLACE (State or Foreign
	215-05-6860 M 2 F 9a. FACILITY NAME (if not institution, give street and number)	82	YRS.				Sept.				nsylvania 💮
œ					WN OR LOCAT	ION OF DE	EATH			NTY OF D	EATH
5	Union Memorial Hospital			Balti	more						
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR L	OCATION						10d. INSIDE CITY LIMITS?
	Maryland Baltimore		Ва	ltimor	e						1 YES 2 NO
RAI	10e. STREET ANO NUMBER	101, ZIP CODE									HAT COUNTRY?
FUNERAL	4352 Parkside Drive 11. MARITAL STATUS 12. WAS DECEDENT	EVER IN I. C. ARM	50	1 40 11110	21206				USA		
	1 Never Married 2 Married FORCES? 1	YES 2 NO		If ye	DECENDENT	nn, Maxica	n, Puerio Ric	(Specify Yea an, etc.)	or No—	Black	— American Indian, , White, atc.
BY	3 Wildowed 4 Divorced	N ON DAIES		''	YES 2 X NO	Specify	γ.			Specif	hite
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			USUAL OCCU	PATION g most of worki	ina	16b. K	IND OF BUS	INESS/INC		
Ë	Elementary/Secondary (0-12) College (1-4 or 5+)	He. L	Do NOT use	e retired.)							
N N	12 17. FATHER'S NAME (First, Middle, Last)	Pr	inte	r	40.000			mmerc		Prin	ting
	J. Charles Brown						me (First, Mid ne Joh				
BE (19a. INFORMANT'S NAME (Type/Print)	196.	MAILING	AOORESS (St	eet and Numbe						
임	Gladys P. Brown				Road,						
	20a. METHOD OF DISPOSITION 1 □ Burlel 2 ☑ Cremetion 3 □ Removal from State	20b. PLACE AN	DDATEO	FDISPOSITIO			OATE	20c. LO	CATION —	City or To	
	4 Donation 5 - Other (Specify)	Metro	Crei	matory			/6/19	95 (Caton	svil	le, MD
\sim	The standardie of Foreign Spirite Eleberate				mon Fu			e			
	La 11 M. Lemmon			10	W. Pad	lonia	Rd.,	Timo	nium	, MD	21093
	23. PART I. Enter the diseases, or complications that compared shock, or heart failure. List only one cause	caused the des e on each line.	th. Do n	ot enter the	mode of dy	ing, suci	h as cardis	c or respi	ratory sn	rest,	Approximate interval Batween
- 1	IMMEDIATE CAUSE (Final disease or condition	nerear	42	1	aaa						Onset and Death
-	resulting in death) / a	OR AS A CONSEOL			nous						3 mos.
_	552.10 (0	M AG A CONSECU	PENCE OF	,							
RTIFICATION	Sequentially list conditions, If any, leading to immediate	R AS A CONSEQU	ENCE OF);				-			
CA	Cause, Enter UNDERLYING CAUSE (Disease or injury										
	thet initieted evente resulting in death) LAST	R AS A CONSEQU	ENCE OF):							
CEF	d										
AL.	PART II. Other significent conditions contributing to de	eeth but not re-	eulting in	n the under	lying ceuee	given in	Pert i. 2	4a. WAS AN		24b.	WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO
200							1	☐ YES 2			COMPLETION OF CAUSE OF GEATH?
Z											1 YES 2 NO
AN	DID TOBACCO USE CONTRIBUTE TO CAU 25. WAS CASE REFERRED TO MEDICAL			NO NO		ERTAIN	1 🗆 📗				
73 W	EXAMINER? 1 YES 2 NO 1 Inpetiant 2 E			OTHER:		L/vivc===:					
25			26b, TIME	OF 280	Home 5 R	asidenca		Specify)	JURY OC	CURED	
HYSIC	27. MANNER OF DEATH 26a. DATE OF IN			IRY	WORK?						
N PHYSICIAN: MEDI	27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF IN (Month, Day,			M 1	YES 2	NO					
B	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 8 Could not be 28e. PLACE OF Investigation 28e. PLACE OF Investigation 29e.	Year) INJURY — Al hom-				NO			nd Number	or Rural R	oute Number,
тер ву	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 28a. DATE OF IN (Month, Day,	Year) INJURY — Al hom-				□ NO		ON (Street a Town, State)	nd Number	or Rural R	oute Number,
тер ву	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 28a. PLACE OF Investigation 28a. PLACE	INJURY — Al home, (Specify)	e, ferm, st	d at the Ilme,	offica	, and dua	City or	Town, State)	ner aa stel	ed,	
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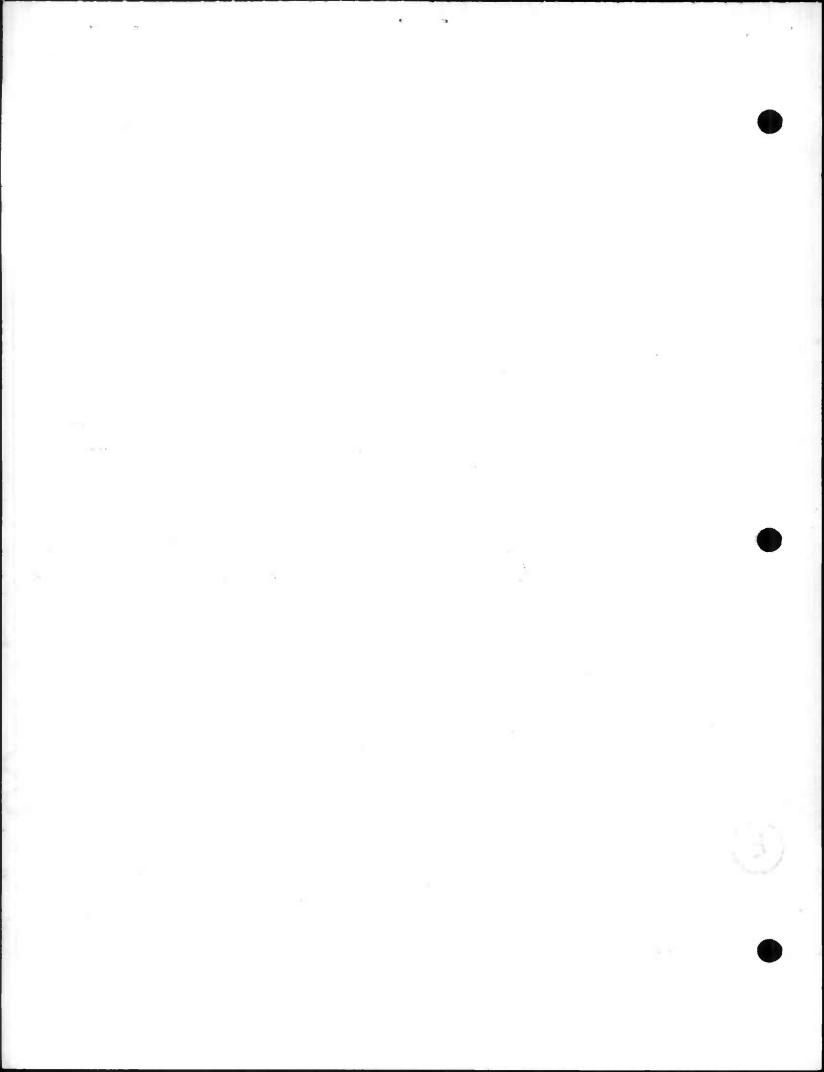
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Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 1995 Ethel Brown 01 01 9:25 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign July 26,1906 DAYS 1 M 2 X F VIRGINIA 215-01-1694 88 YRS. 9a. FACILITY NAME (If not institution, give street and number 9b, CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR BROADMEAD COCKEYSVILLE BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE COCKEYSVILLE 1 YES X NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13801 York Rd. 21030 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES It yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 2 0 B 3 Widowed 4 Divorced WHITE ETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL 12 Bookkeeper Dental Labs 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname James E. Brown Willie I. Green B 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 319 Broadmoor Rd., Balto., MD 21212 James E. B. Felter 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State emetary, crematory or other placa) Woodlawn Cemetery 4 Donation 5 Other (Specify) JÁN. Woodlawn, Md 21. SIGNATURE OF PURE THAT SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Lemmon Funeral Home Clary 10 W. Padonia Rd., Timonium, MD 21093 23. PART I. Enter the diesasts, or complications that ceased the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batwean IMMEDIATE CAUSE (Finel Onset and Death disease or condition CCIDENT ENEROVASCULAN resulting in death) DUE TO (OR AS A CONSEQUENCE OF) An DID VBSCULA TATERIOSLUNOTTE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) thet initieted evente resulting in death) LAST PART ii. Other algoriticent conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY EGULGITAT 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 - Inpetiant 2 - ER/Outpetiant 3 - DOA 27. MANNER OF DEATH 26s. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO Investigation BY 2 Accident 26s. PLACE OF INJURY — At home, term, street, tactory, office building. atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED 6 Could not be 4 Homicide determined 29a. CERTIFIER
(Check only Check only One)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) APERMILL



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be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical physical death.	as the		
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95 00069 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 3,1995 Eugene Vernon BARBER January 4:40 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 06 10 12 219 07 7007 HOURS Maryland 1X M 2 F 82 YRS. 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Square Hospital Rossville Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Md. Colgate 1 YES 2 X NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7842 Gough Street 21224 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 TES 2 NO Specify: Specify: 3 Widowed 4 Divorced W.W. 2 White 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+)

DIRECTOR FUNERAL BY ED COMPLET Dress Shop Custodian 6 17. FATHER'S NAME (First, Middle, Last)
Walter Barber 16. MOTHER'S NAME (First, Middle, Maiden Surname) Eugenia Henry BE 19a. INFORMANT'S NAME (Type/Print 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles A. Barber 12265 Bonmot Place Reisterstown, Md. 21136 20e. METHOD OF DISPOSITION

1 St Burlet 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Most Holy Redeemer Cem. 1-6-95 Balto., Md. 22, NAME AND ADDRESS OF FACILITY Charles S. Zeiler & Son Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 6224 Eastern Ave. Balto., Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, ahock, or heart fellure. List only one cause on each line interval Between **IMMEDIATE CAUSE (Fine) Onset and Death** disease or condition GIATIATIC CARCINOMA of the colon resulting in death) 2 years CERTIFICATION Sequentielly liet conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 THO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO Impatient 2 ER/Outpetient 3 DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Naturel 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 __ MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. S 29c. LICENSE NUMBER BE

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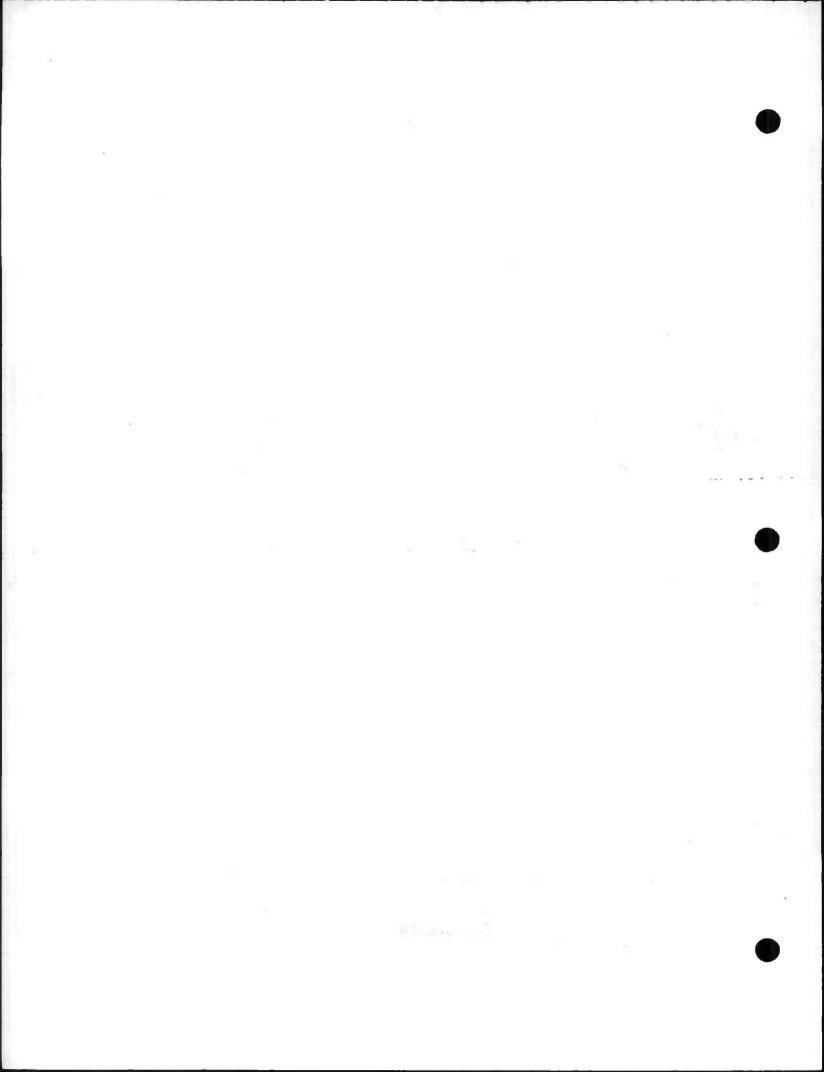
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29d. DATE SIGNED (Month, Day, Year) JAN 3 1995

TED CAUSE OF DEATH (ITEM 27) (Type, Print) SARY Elliot RAFFor D.D 9000 Franklin Square Dr. Baltimore, Maryland 21237

0.5 1995

DHMH-16 Rev 1/89



ained by the hospital or attending physician. should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS. P.O. BOX 68760

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DALI IMORE, IM	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z+ hours after death. Page 6 may be reta	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh	
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DESCRIPTION OF ALL PLACED ST. C. DON SOLO	. OR /	DIRE	hours
	SPITAL	ERAL	be fied within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.
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FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

_		1 - STATE REGISTRAR		STATE OF M		/ DEPAR CERTIF					REG. NO.	E		
		1. DECEDENT'S NAME (First,		BAZON	J				-		2. DATE OF DEATH	NY >	YEAR 1995	3. TIME OF OEATH
		4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (in yrs.		IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP Country)	LACE (State or Foreign
		220-12-99	81	1 1 2 □ F	6	8 YRS.	MONTHS	DAYS	HOURS	MIN.	Mar. 29,	192		ryland
	N.	90. FACILITY NAME (If not ins		street and number)						ON OF DEA	TH WWO.		INTY OF DEA	****
ı	СТОВ	RESIDENCE OF DEC												
ĺ	DIRE	10a. STATE	10b. COUNT			10c. CIT	Y, TOWN C						1	IOd. INSIDE CITY LIMITS?
		MD 100. STREET AND NUMBER		N/A			Bal	Ltimo	ZIP CODE					YES 2 NO
	JERAL	946 Homeste	ead St	reet				100	21218				S.A.	IAT COUNTRY?
	BY FUN	11. MARITAL STATUS 1 [X] Never Married 2 3 Wildowed 4 Divol		12. WAS DECEDENT FORCES? 17 IF YES, GIVE W	YES 2		1 3		city_Cubar	, Maxican,	ORIGIN? (Specify Yes Puarto Rican, atc.)	or No-	Black, Specify:	- American Indian, White, etc. Black
	G		EOENT'S EDU		16a.	OECEDENT'S	USUAL O	CCUPATIO	N		16b. KIND OF BUS	INESS/IN		DIACK
ı	Ē	Elementary/Secondary (0-		College (1-4 or 5 +	, :	(Give kind of life, Do NOT u	se retired.)	auring mos	t of working	7	Woodley	Bake	ery	
ಪ	MP	10th		N/A		Bak	er							
at once.	BE COMP	17. FATHER'S NAME (First, Mi									e Brooks	Sumame)		
1	10 8	19a, INFORMANT'S NAME (7)									ute Number, City or Town			1
90	-	Renae L. Bac			_		-			et/B	altimore,	MD .	21218	
must		20a, METHOD OF DISPOSITION 1 Description S Description of Descript		noval from Stata		CE AND DATE				CEME	OATE 20c. LO		GS MI	
iner		21. SIGNATURE OF FUNERAL	L SERVICE LI	CENSEE			22,	NAME AN	O AOORES	S OF FACI				
вхап		Tee !	Blok	land							Avenue/Ba.	ltim	ore, N	MD 21202
or other traumatic event, the medical examiner must be notified	CERTIFICATION	iMMEDIATE CAUSE (Fin disease or condition reaulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLY if CAUSE (Disease or injurthat initiated eventa resulting in death) LAST	ons, diata	b. OUE TO (SEQUENCE O	F): 172an F):				nume			Interval Between Onset and Death
,		DART II OIL - II III		u										1
<u>a</u>	MEDICAL	PART N. Other algolficat	nt condition	na contributing to	daath but no	t reaulting	in the un	ndariying	cause g	Ivan in P	art i. 24a. WAS AN PERFOR	MED?	0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
		DID TOBACCO US	SE CONT	RIBLITE TO CAL	ISE OF DE	ATH Y	:s 🖂 I	ио П	LINC	EDTAIN	Tip.		1	YES 2 NO
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or item	Sic	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER 4 Nun		5 🗆 Ras	idenca 6	Other (Specify)			
marked, o	Y PHYSICIAN:		Pending nvestigation	28a. DATE OF (Month, Da		26b. TIM	E OF URY M	28c. INJU WOF			28d. OESCRIBE HOW IN	JURY OC	CURED	
28 is m	ED B	3 Suicide 8 0	Could not be datarmined	26a. PLACE Of building, a	INJURY — Al	home, farm,	street, fact	ory, offica		,	281. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural Roc	ute Number,
E	9	29a. CERTIFIER	IEVING DHVS	ICIAN: To the heat of	the knowledge	deathire		les dete						
=	COMPI										o the cause(s) and man me, data and placa, and			and manner as stated.
PORT	O BE (29b, SIGNATURE AND TITLE	OF CERTIFIE	R						NSE NUMB				Wonth, Day, Year)
	ĭ	30. NAME AND ADDRESS OF DOUGLAS C.	WH	LACE, D	EPT OF	CT S	Print)	UA	ורא (o← /	WD. ZZ S		miz s	1- 21261
		JAN 05	1995	REGISTRAT	S SIGNATURE	lett								

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the second death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely flied in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or memoral examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

		ICATE OF DEATH	REG. NO.	
9	1. DECEDENT'S NAME (First, Middle, Last)	/	2. DATE OF DEATH MONTH DAY	YEAR 3-TIME OF DEATH
ĵ	Carmen Ball		JAN 3 %	5) 1:15 Pm
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. S → 7. 2 − 1474 1 □ M 2 ≥ F 9°3 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year)	B. BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF D	NOV 19, 1901	Marulana)
TOR	Sihai Hospital RESIDENCE OF DECEDENT	Balt, MD		lt-city
REC		TY, TOWN, OR LOCATION		10d. INSIDE CITY
ō	Maryland B	altimore		1 YES 2 NO
FUNERAL DIRECTOR	2324 Madison Ave.	101. ZIP CODE 2 1 2 1	7 10g. CITIZ	S A
F.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PRO	13. WAS DECENDENT OF HISPA If yea, specify Cuban, Maxic	NIC ORIGIN? (Specify Yea or No—	14. RACE — American Indian, Black, White, afc.
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	1 TES 2 NO Speci		Specify: Black
	15. DECEDENT'S EDUCATION 18a. DECEDENT'S (Specify only highest grade completed) (Give kind of	USUAL OCCUPATION	16b. KIND OF BUSINESS/INDU	USTRY
COMPLETED	Elementary Secondary (0-12) College (1-4 or 5+)	work done during most of working ise retired.)		
MP	8 U IDom	estic Engin	eer	
	17. FATHER'S NAME (First, Middle Last)	18. MOTHER'S N.	AME (First, Middle, Malden Sumane)	Hanvic
H	199, INFORMANT'S NAME (Type/Print) 190. MAILLING	ADDRESS (Street and Number or Rural	Boute Number City or Town State 7in	Control
임	Evelyn Ball Janey 340	Garrison	Blvd. Balt	n Md 21715
		OF DISPOSITION (Name of	DATE, 20c. LOCATION — C	City or Town, Stata
	4 Donetion 5 Other (Specify)	stern Star	- 1/19/95 Caton	sville, Md.
	21. SIGNATURE OF FUNERAL SERVICE-LICENSEE	TO SO DO TO	uss Funera	1 Home
	Joseph L. Kuss	2222 W.N	orth Ave. Ba	Ito. Md. 21216
	23. PART Enter the diseases, or complications that caused the death. Do shock, or heart failure. List only one cause on each line.	not enter the mode of dying, suc	ch as cardiac or respiratory arre	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	p , .	/1	Onset and Death
	resulting in death) a. Metastack Due to (or as a consequence o	soust CI		7/41
_	Coronas (1)	The Dica-	2 0	j
2	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE O	F):		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury			
Ë	that initiated events DUE TO (OR AS A CONSEQUENCE O resulting in death) LAST	F):		i j
	d			
DICAL	PART II. Other significant conditions contributing to death but not resulting	in the underlying cause given in	Part i. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDIC			1 TYES 2 NO	COMPLETION OF CAUSE OF DEATH?
Σ	DID TODA CCO LICE CONTRIBUTE TO CALLCE OF DEATH AND			1 TYES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YI 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEA		N L I	
SIC	EXAMINER? 1 U YES 2 NO HOSPITAL: 1 Pipellant 2 ER/Outpatient 3 DOA	OTHER: 4 Nursing Home 5 Residence	8 C Oshar (Carolini)	
¥	27. MANNEB-OF DEATH 28s. DATE OF INJURY 26b. TIM	IE OF 28c. INJURY AT	26d. DESCRIBE HOW INJURY OCCU	URED
BYF	Natural 5 Pending (month, day, real)	M 1 YES 2 NO		
	3 Suicide 6 Could not be determined 26. PLACE OF INJURY — At home, ferm, building, etc. (Specify)	atreet, factory, office	261. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,
COMPLETED	A. Alexandra			
MPL	29a. CERTIFIER (Check only one) MEDICAL EXAMPLES On the best of my knowledge, death occurr			
S	one) 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation	on, in my opinion, death occured at the	fime, date end placa, and dua to the	cause(a) and manner as stated.
H	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU		SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type		321669854 /	12/75
	CARDELLA Wilson Sinai Hospita	1 2401 W.	Belvedere, B	21215 Balto MD
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		· · · · · · · · · · · · · · · · · · ·	411.
- 1	INAL 0 5 1995 Juhi Stubbackartell			

. BALTIMORE, MARYLAND 21215-0020

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

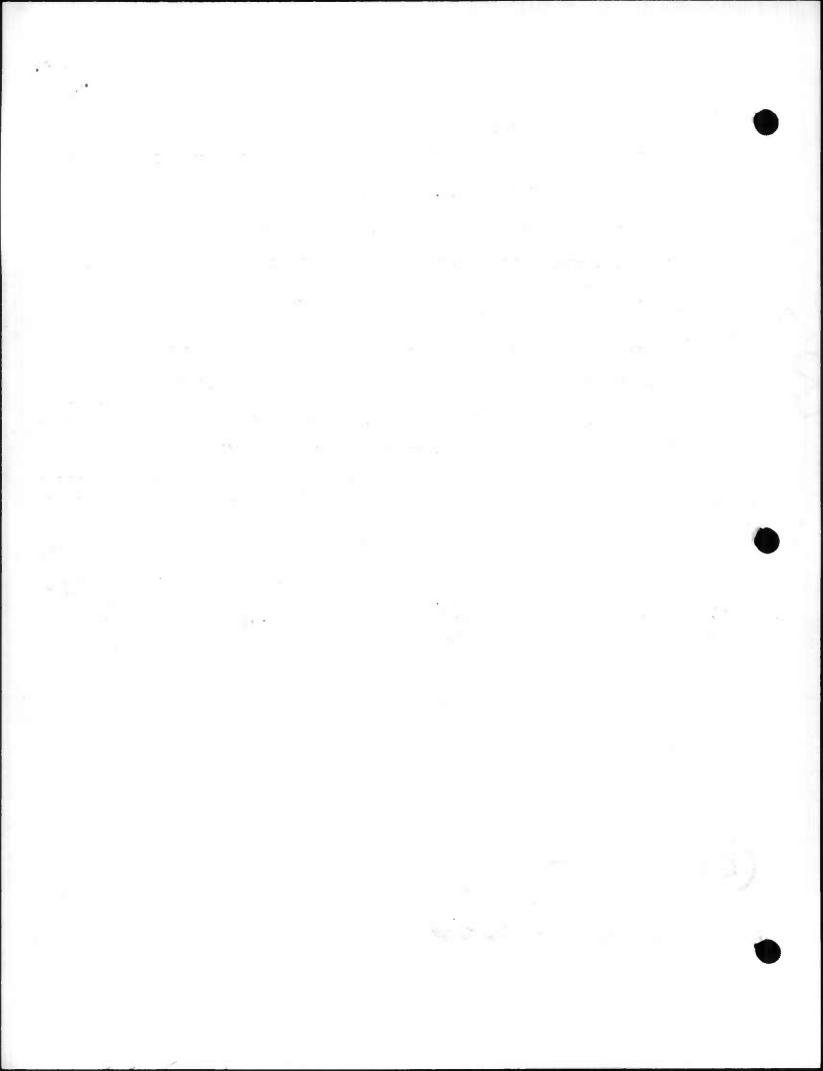
JOSEPH BIRNBAUM JANUARY 1, 1995 AR 4. SOCIAL SECURITY NUMBER 219-18-5271 1 M 2 F 84 YRS. 6. AGE (In yrs. lest birthday) 9a. FACILITY NAME (If not institution, give street and number) 9a. FACILITY NAME (If not institution, give street and number) 8208 PUMPKIN SEED COURT RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND BALTIMORE 10c. CITY, TOWN OR LOCATION BALTIMORE 10d. CITY, TOWN OR LOCATION BALTIMORE 10d. STREET AND NUMBER 8208 PUMPKIN SEED COURT BALTIMORE 10d. CITY, TOWN OR LOCATION BALTIMORE 10d. CITY, TOWN OR LOCATION BALTIMORE 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 Y NO 14. RACE Black, 15. BIRTHR 16. DAVIS MRN. APPIL 20, 1910 AUTON APPIL 21, 1920 APPIL 17. DAVIS MRX. 18. BIRTHR 18. BIRTHR 19. CHUNDER 14 PRS. 19. CHUNDER 14 PRS. 10. DAVIS MRN. APPIL 20, 1910 APPIL 20, 1910 APPIL 21, 1920	ORE 10d. Inside city Limits? 1 □ Yes 2 ¾ NO
4. SOCIAL SECURITY NUMBER 219-18-5271 1	PLACE (State or Foreign IA—HUNGARY ATN MORE 10d. INSIGE CITY LIMITS? 1 — YES 2 NO HAT COUNTRY? American Indian, White, stc.
219-18-5271 1	ATN MORE 10d. INSIDE CITY LIMITS? 1 VES 2 NO HAT COUNTRY? American Indian, White, stc.
99. FACILITY NAME (If not institution, give street and number) 99. ECUTY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DE 8208 PUMPKIN SEED COURT RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION MARYLAND BALTIMORE 100. CITY, TOWN OR LOCATION MARYLAND BALTIMORE 100. STREET AND NUMBER 8208 PUMPKIN SEED COURT 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 16c. COUNTY OF DE BALTIMORE 100. CITY, TOWN OR LOCATION OR LOCATION OR LOCATION OF DEATH 100. CITY, TOWN OR LOCATION OR LOCATION OR LOCATION IN ARY IN ARCHARD IN ARY IN ARCHARD IN ARCH	ATN AORE 10d. INSIGE CITY LIMITS? 1 YES 2 NO HAT COUNTRY?
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15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Coilege (1-4 or 5+) PROPRIETOR 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) STANDARD T	American Indian, White, atc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) College (1-4 or 5 +) PROPRIETOR 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) STANDARD T	White, atc.
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2 PROPRIETOR STANDARD T 17. FATNER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Maiden Surname)	
77. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surrame)	EXTILE
ABRAHAM JACOB BIRNBAUM TOBA MANDL	
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
MRS. NELLY BIRNBAUM 8208 PUMPKIN SEED CT. BALTIMORE, MD 2120	18
20s. METHOD OF DISPOSITION 1 (XBurlai 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20b. PLACE AND DATE OF DAT	n, Stata
1 CABUTAL 2 Cremetton 3 Removal from State CHIZUK AMUNO 1-3-95 BALTIMORE, MD	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY COLUMN TO THE TRANSPORT OF THE	
SOL LEVINSON & BROS., INC.	
23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,	Approximate
ahock, or heart failura. List only one cause on eech line.	Interval Between
IMMEDIATE CAUSE (Final disease or condition a multiplication a multiplication and the first first and the cold cause condition as multiplication and the cold cause condition as multiplication and the cold cause condition as multiplication and the cold cause condition as multiplication and the cold cause condition as multiplication and the cold cause condition as multiplication and the cold cause condition as multiplication as multiplication and the cold cause condition as multiplication as multiplication and the cold cause condition and the cold cause cold cause condition and the cold cause cold	Onset and Death
reaulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):	2 mos
Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):	+
Cause. Enter UNDERLYING	
CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):	
reaulting in death) LAST	
d	
resulting in death) LAST d PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMEO? 24b. 1	WERE AUTOPSY FINDINGS
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMEO? 1 □ YES 2 □ 100	
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PERFORMEO? 1 YES 2 DOO 24b. V	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PERFORMEO? 1 YES 2 DOO 24b. V	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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FOR 1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN		CE	-MIII	CALE	IF DEA	пп	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF				3. TIME OF DEATH
	MARY	JANE		BRO	OKS			JANUA	RY	4,19	95	8:25 A w
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YE	AR JE UNDE	R 24 HRS.	7. DATE OF		7,10		IPLACE (State or Foreign
	219-18-2057	1 M 2 TVF	71	YRS.	MONTHS DA		MIN.	(Month, De	ly, Ybar)	22	Counti	(Y)
			/						02	23		ARYLAND
~	9a. FACILITY NAME (If not institution, give at				9b. CITY, TO	VN OR LOCAT	TON OF DE	EATH		9c. COL	INTY OF D	EATH
Ö	NORTH ARUNDEL HO	SPITAL AS	SSOCIATI	ON	GLEN	BUNR 1	E			l A	.A.	COUNTY
5	RESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY	, TOWN OR L						- 1	10d. INSIDE CITY LIMITS?
	MARYLAND ANNI	E ARUNDI	EL		G	LEN E	BURN	ΙE			- 1	1 YES 2 NO
A	10e. STREET AND NUMBER					101. ZIP COL	DE			10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	308 W. FURNACI	BRANCI	TROAD			210	061				U.S.	Α.
5	11. MARITAL STATUS	12. WAS DECEDEN		MED	13. WMS	DECENDENT	OF HISPAN	IIC ORIGIN? (S	neelby Vee			E — American Indian,
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 N	Ю	It yes	, specify Cub	en, Mexica	n, Puerto Rical	n, etc.)	01 NO-	Biaci	k, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	AH OH DAIES		10	YES 2 THO	Specify	r			Speci	#Y: HITE
	15. DECEDENT'S EDUC	CATION	16n DE	CEDENT'S	USUAL OCCUI	ATION		405 1/10	ID OF BUS			17.17
E	(Specify only highest grade	completed)	(GI	ve kind of w Do NOT use	rork done during	most of work	ing	IOD. KIN	ID OF BUS	INESS/IN	DUSTRY	3
اي	Elementary/Secondary (0-12)	College (1-4 or 5+)		OFFIC	ਰਜ			DAN	IKIN	C	3
COMPLETED			DF	JTA1/	OFFIC						G	
8	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middl				
BE	JOHN SYRON						ULI		YRON	-		
2	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Str	et and Numbe	or or Rural F	Route Number, C	City or Town	ı, State, Zi	o Code)	21061
۲	LAWSON B. BROO	OKS	3	308 1	W. FU	RNACE	BR	ANCH	RD-G	LEN	BUİ	RNIE, MD.
	20a. METHOD OF DISPOSITION Quitel 2 Cremation 3 Remo		20b. PLACE A	NDDATEO	F DISPOSITION	(Name of		DATE	20c. LOC	CATION —	City or To	own. State
1	4 Donation 5 Other Specify)	oval from State	° MARS	TAN	D' VET	ERANS	3	1/6				LE, MD.
	21. SIGNATURE OF FIREMAL SERVICE LIC	ENSEE/	3 4			E AND ADDRE						
	· //	1 6	an amis	in					FIME	RAT	HON	ME 21061
	- Oties	9-1-	D		426	CRAI	N H	WY S	W GT	EN	BURN	NIE, MD.
	23. PART I. Enter the diseases of c ahock, or heart failure. I	omplications that	ceused the de	eth. Do n	ot enter the	mode of dy	ing, auci	n aa cardlac	or reapir	ratory ar	rest,	Approximata
	iMMEDIATE CAUSE (Finel	List only one ceu	se on each line.									Interval Between Onset and Death
1	disease or condition	CI	1,12	in the second	. 1	1		ø				Conset and Death
H	resulting in death)	OUE TO	OR AS A CONSEC	WIENCE OF).	0.1	-ادار					409
_ 1		002 10	1 D	OENCE OF	, _ (1			- \	1.		
8	Sequentially list conditions,	A	OR AS A CONSEC	ers	ne	-6	رمر	1	0.0	/Uu	R	-3 tr
F	If any, leading to immediate cause. Enter UNDERLYING	002 10 (OH AS A CONSEC	A A):				D			
2	CAUSE (Disease or Injury		25	M	mic	-	2 11	1001		2		
E	that initieted events resulting in death) LAST	DOE TO	OB AS A CONSEC	UENCE OF):			Ju on	rur	31	1	
CERTIFICATION		l										
2	PART II. Other aignificent conditions	contributing to	death but not re	eulting is	n the under	ulna ceuse	alven in	Dort I no	. WAS AN	ALITOROV	1.00	
EDICAL			accur but not n	outing i	i the under	ying couse	given in	Part 1, 246	PERFOR		246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă								_ 10	YES 2	NO NO		COMPLETION OF CAUSE OF DEATH?
¥ .								_				1 - YES 2 - NO
z I	DID TOBACCO USE CONTR	IBUTE TO CA	USE OF DEAT	TH YES	S I NO	☐ UNG	CERTAIN	1 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				H (Check only o	ne)						
Sic	1 U YES 2 NO	HOSPHAL:	ER/Outpatient 3	□ DOA	OTHER:	lome 5 🗆 R	esidence	8 C Other (Sp	ecthr)			
ΞI	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIME	OF 28c.	INJURY AT		28d. DESCRIE		JURY OC	CURED	
	1 Netural 5 Pending	(Month, Da	y, Year)	INJU		WORK?	□ NO					
à	Accident investigation 3 Suicide & Could get be	28e, PLACE OF	INJURY — At hor	ne form et				204 1 0 0 4 7 1 0	NI (On	- 47M - 1		
	4 Homicide determined	building,	etc. (Specify)	, , , , , , , , ,	ileet, lectory, t	nnce		281. LOCATIO City or To	wn, State)	na Nympei	or Humi H	loute Number,
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge, dea	ith occurred	d at the time,	late and place	, and dua	to the cause(a) and men	ner as sta	led.	
ē	one) 2 MEDICAL EXAMINER	: On the basis of ax	amination and/or le	nvestigation	, in my opinio	n, death occu	red at the	time, data and	place, and	due to 1	ne cause(a)) and menner as stated,
Y I	29b. SIGNATURE AND TITLE OF BESTIFIER	-	1	-	9	290 [10	ENSE NUM	BEO		204 DAT	E GIONED	Marie Desired
ě		1	1 ~ /	1)	92	6	1 12	en P		290. DAI	SIGNED	(Month, Day Year)
2	30. NAME AND ADDRESS OF PERSON WILL	COMPLETED CALL	e of occasion was	1 0 T	Series I		103	00		70/	1	15
		The state of the s				101 =	DUR					
	CHARLES WU, M.I	1./100000	RAIN HW	Y, Sh	1 #306,	GLEN	RUKN.	IE, MD	2100	b 1		•
- 1	JAN U 5 1995	32, REGISTRA	SIGNATURE									
	TANKS II IN IMMO AND	AND										



DHMH-16 Rev 1/89

BALLIMONE, MANITAND SISOS-3140	irs after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.C. BOX 13149,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 ins after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR	OTATE OF I				HEALIH AND I DEATH	WENTAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Les ELMER	,	į.	3ROL	5N, J	R.	2. DATE OF DEATH MONTH DA	3 4	AR	OF DEATH
4. SOCIAL SECURITY NUMBER 2 / 9 - 18 - 8352	5. SEX 1 M 2 F	6. AGE (In yrs. II		F UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		NRTHPLACE country)	State or Foreign
9a. FACILITY NAME (If not institution, giv	street and number)		9	b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY	OF DEATH	
3032 Glenvue	Drive			New	Windsor		Car	roll	
RESIDENCE OF DECEDENT 10a. STATE 10b. COU	TV.		40. 0074 7	TOWN OR LOCA	7101				OIDT OITY
Del. Suxx	SSAY			byvil	le			1 🗆 1	SIDE CITY MITS? ES 2 NO
10e. STREET AND NUMBER				10	of. ZIP CODE		10g. CITIZEN	OF WHAT CO	OUNTRY?
16 Walnut La					19975			A	
11. MARITAL STATUS 1 Never Married 2 X Married 3 Vidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W 1945 - 1	XYES 2 AR OR DATES		If yes, s		NC ORIGIN? (Specify Yes n, Puerto Rican, etc.) /:	or No— 14.	RACE — Ame Black, White, Specify: Whi	etc.
15. DECEDENT'S E (Specify only highest gra	DUCATION	16a. D	ECEDENT'S US	k done during m	ION lost of working	18b. KIND OF BUS			
Elementary/Secondary (0-12)	College (1-4 or 5 +	·) #	le. Do NOT use n	retired.)					
H.S.	-	Ma	inten	ce Ch	ief			of S	tandard
17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Malden			
Elmer J. Brow	n, Sr.					Rose Son			
19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING AL	DORESS (Street	and Number or Rural	Route Number, City or Town	, State, Zip Coo	le)	
Patricia Yeag	er		3032 (Glenv	ue Dr.	New Winds			
20a. METHOD OF DISPOSITION 1 1 Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	other	n/ece)		Garden:	20c. LO	1995		Md
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE .				AND ADDRESS OF FA	CILITY			
1 7/2 /1)	Think	H		D O	Des. 101	Haight			
23. PART I. Entar the diseases, C	r complications that	t caused the o	leath. Do not	enter the m	oda of dving, suc	Sykesyi	ratory arrest.	Md.	21/84
ahock, or heart fallur	a. List only one cau	ise on each fir	16,		or a,g, oac		,	1	nterval Between
IMMEDIATE CAUSE (Final disease or condition	CARRI	n Re	T010	ATOR	J F	LILLIPE			Inset and Death
resulting in death)	B. DUE TO	100 AC A COMO	7 L LV	11101	/ / /) I LUCINC			
	MISTAS	717	C	PANU	PEAT	HLURE IC CAK	20/11	NA	14
Sequentially list conditions,	b. 166/AS	OR AS A CONS	EQUENCE OF:	TIVO	100111	10 011	~ 7 10	21-17	
If any, laeding to immediate		(0.1.7.0.1.001.0						ĺ	V
I cause. Enter UNDERLYING	C	(OR AS A CONS	EQUENCE OF):						
cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO								
	DUE TO							!	
CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	d								
CAUSE (Disease or Injury that initiated eventa	d	deeth but not	resulting in	tha underlyl	ng causa given in	Part I. 24a. WAS AN PERFOR			AUTOPSY FINDINGS BLE PRIOR TO
CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	d	deeth but not	resulting in	tha Underlyl	ng causa given in		MED?	AVAILA COMPL	BLE PRIOR TO ETION OF CAUSE
CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	d	deeth but not	resulting in	tha Underlyl	ng causa given in	PERFOR	MED?	AVAILA COMPL OF DE	BLE PRIOR TO ETION OF CAUSE
CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	d	deeth but not	resulting in	tha underlyle	ng causa given in	PERFOR	MED?	AVAILA COMPL OF DE	BLE PRIOR TO ETION OF CAUSE ATH?
CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant condit	d	deeth but not	resulting in		ng causa given in	PERFOR	MED?	AVAILA COMPL OF DE	BLE PRIOR TO ETION OF CAUSE ATH?
CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d			26. I	PLACE OF DEATH (Ch	PERFOR	MED?	AVAILA COMPL OF DE	BLE PRIOR TO ETION OF CAUSE ATH?
CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant condit	d	ER/Outpatient	3 □ DOA 4	26. I	PLACE OF DEATH (Ch	PERFOR	MED?	AWAILA COMPL OF DEJ	BLE PRIOR TO ETION OF CAUSE ATH?
CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	d	ER/Outpatient	3 🗆 DOA G	26. I	PLACE OF DEATH (Ch	PERFOR 1 YES 2 eck only one) 6 Other (Specify)	MED?	AWAILA COMPL OF DEJ	BLE PRIOR TO ETION OF CAUSE ATH?
CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D) 28e. PLACE O	ER/Outpatient FINJURY Any, Year) FINJURY — At	3 DOA 4	26. I DTHER: Nursing Ho DF 28c. IF IY M 1	PLACE OF DEATH (Ch me 5 Presidence JURY AT ORK? YES 2 PRO	PERFOR 1 YES 2 eck only one) 6 Other (Specify) 26d. DESCRIBE HOW is	NJURY OCCUR	AWAILA COMPL OF DEJ 1 V	BLE PRIOR TO ETION OF CAUSE 1717 ES 2NO
CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, p. p. p. p. p. p. p. p. p. p. p. p. p.	ER/Outpatient INJURY Joy, Year) PF INJURY — At I etc. (Specify)	3 DOA 4	26. I DTHER: Nursing Ho DF 28c. IF IY M 1	PLACE OF DEATH (Ch me 5 Presidence JURY AT ORK? YES 2 PRO	PERFOR 1 YES 2 eck only one) 6 Other (Specify) 28d, DESCRIBE HOW II	NJURY OCCUR	AWAILA COMPL OF DEJ 1 V	BLE PRIOR TO ETION OF CAUSE ITIN ITIN ES 2NO
CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neural 5 Pending investigation investigation determined 3 Suicide 6 Could not determined	HOSPITAL: 1 Inpetent 2 28e. DATE OF (Month). 0 28e. PLACE OF building.	ER/Outpatient INJURY ley, Year) FINJURY — At etc. (Specify)	3 DOA 4	26. IP THER: Nursing Ho DT 28c. IP TY 1	PLACE OF DEATH (Ch wine 5 Presidence JUSTY AT YES 2 Prio ice	PERFOR 1 YES 2 ock only one) 6 Other (Specify) 28d. DESCRIBE HOW is city or Town, State)	NJURY OCCUR	AWAILA COMPL OF DEJ 1 V	BLE PRIOR TO ETION OF CAUSE 1717 ES 2NO
CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Suicide 6 Could not determined 29s. CENTIFIER 1 CERTIFYING PH	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month). 00 28e. PLACE Of building.	ER/Outpatient INJURY ley, Year) FINJURY — At etc. (Specify) my knowledge,	3 DOA 4 28b. TIME (INJUE) home, farm, street	26. In Nursing Ho DIF 28c. If Nursing Ho DIF Y	PLACE OF DEATH (Ch wine 5 Presidence JURY AT YES 2 Prio ice	PERFOR 1 YES 2 eck only one) 6 Other (Specify) 28d. DESCRIBE HOW if City or Town, State) to the cause(a) and man	NJURY OCCUR	AWAILA COMPI OF DE 1 V	BLE PRIOR TO ETION OF CAUSE ITITY ITITY ES 2 NO
CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D) 0 28e. PLACE Of building, YSICIAN: To the best of NRER: On the basis of e	ER/Outpatient INJURY ley, Year) FINJURY — At etc. (Specify) my knowledge,	3 DOA 4 28b. TIME (INJUE) home, farm, street	26. In Nursing Ho DIF 28c. If Nursing Ho DIF Y	PLACE OF DEATH (Ch wine 5 Presidence JURY AT YES 2 PRO ice	PERFOR 1 YES 2 ock only one) 6 Other (Specify) 28d. DESCRIBE HOW is city or Town, State)	NJURY OCCUR	AWAILA COMPI OF DE 1 V	BLE PRIOR TO ETION OF CAUSE ITITY ITITY ES 2NO
CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Suicide 6 Could not determined 29s. CENTIFIER 1 CERTIFYING PH	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D) 0 28e. PLACE Of building, YSICIAN: To the best of NRER: On the basis of e	ER/Outpatient INJURY ley, Year) FINJURY — At etc. (Specify) my knowledge,	3 DOA 4 28b. TIME (INJUE) home, farm, street	26. In Nursing Ho DIF 28c. If Nursing Ho DIF Y	PLACE OF DEATH (Ch wine 5 Presidence JURY AT YES 2 PRO ice	PERFOR 1 YES 2 eck only one) 6 Other (Specify) 28d. DESCRIBE HOW is City or Town, State) to the cause(a) and main time, date and place, an	NJURY OCCUR	AWAILA COMPI OF DE 1 V	BLE PRIOR TO ETION OF CAUSE ITHY ES 2 NO
CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D) 0 28e. PLACE O building, YSICIAN: To the best of NRER: On the basis of e	ER/Outpatient INJURY ley, Year) FINJURY — At etc. (Specify) my knowledge,	3 DOA 4 28b. TIME (INJUE) home, farm, street	26. In Nursing Ho DIF 28c. If Nursing Ho DIF Y	PLACE OF DEATH (Ch me 5 Presidence JUBY AT ORKY YES 2 PNO ice te and place, and due death occured at the	PERFOR 1 YES 2 eck only one) 6 Other (Specify) 28d. DESCRIBE HOW is City or Town, State) to the cause(a) and main time, date and place, an	NJURY OCCUR	AWAILA COMPI OF DE 1 V	BLE PRIOR TO LETION OF CAUSE ITHY ES 2 NO

32. REGISTRAR'S SIGNATURE

31. SATE FILED (Month, Day, Year) JAN 05 1995

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TO BE COMPLETED BY FUNERAL DIRECTOR

ON OF VITAL RECORDS, P.O. BOX 68760,

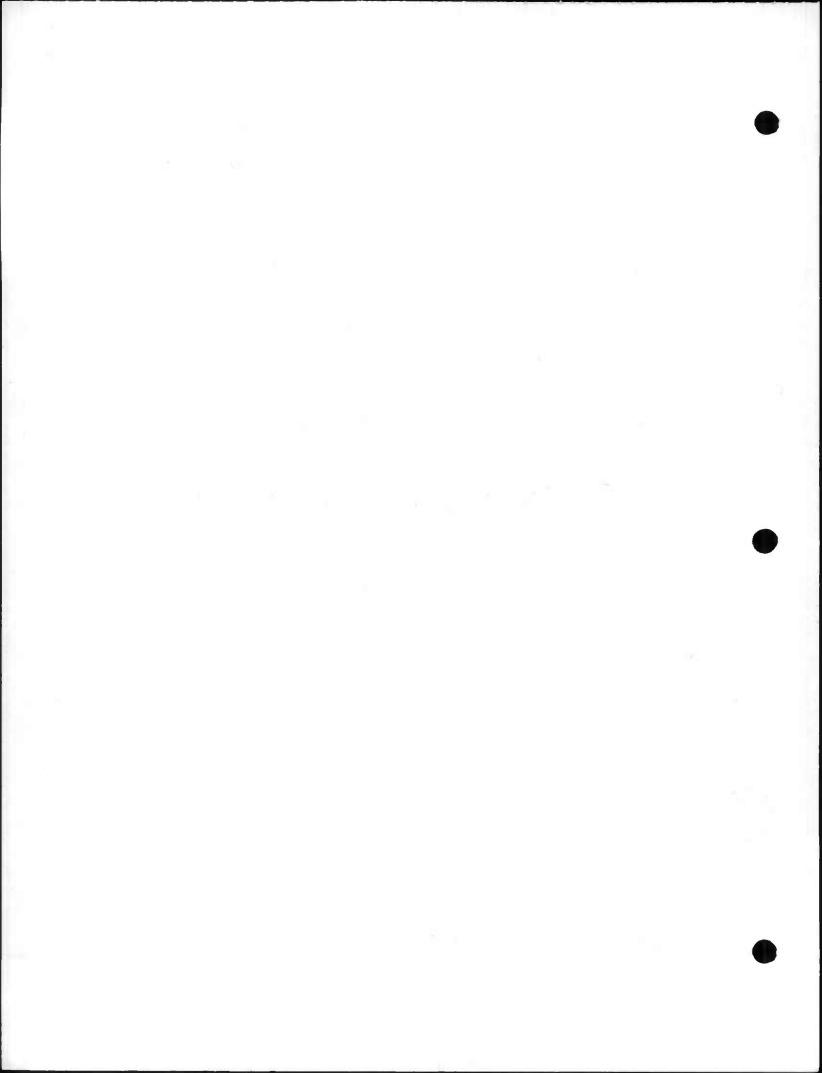
is PRISICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The law rectificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should am with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. TO THE FUNERAL DIRECTOR And this certificate has been signed by the attending physician and compreheny minutes in minutes and the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPI

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		STATE OF MARYL			OF HEALTI		MENTA	REG. NO.			
1. DECEDENT'S NAME (First	, Middle, Last)	F	BURLE				MOA	E OF DEATH		EAR	TIME OF DEATH
4. SOCIAL SECURITY NUME		SEX 6. AGE	(In yrs. last birtnday)	IF UNDER 1		ER 24 HRS.		OF BIRTH	- 1	BIRTHPL	ACE (State or Foreign
218 229	VI		6 YRS.		DAYS HOURS	100	11	13/2	8	Country)	10
90. FACILITY NAME (If not in					TIMORE		EATH		9c. COUNTY	Y OF DEAT	TH
RESIDENCE OF DEC	CEDENT	JI IIAL									
MD	10b. COUNTY			y, town or LTIM(d. INSIDE CITY LIMITS? X YES 2 \(\text{\sqrt{N}} \) NO
10e. STREET AND NUMBER			DE	LLIII	101. ZIP CO	DE			10g. CITIZE		T COUNTRY?
7212 LINDE					212					.A.	
11. MARITAL STATUS 1 Never Married 2 3 3 Wildowed 4 Divo	Merried	P. WAS DECEDENT EVER II FORCES? 1 TY YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO ATES	H y	AS DECENDENT HOS, Specify Cub YES 2X NO	onn, Mexice	m, Puerto	IN? (Specify Yes o Rican, atc.)	or No— 14	Black, W	Americen Indian, fhite, etc.
15. DEC (Specify only	EDENT'S EDUCATI y highest grade con	ON npleted)	16a. DECEDENT'S (Give kind of	work done du	UPATION ring most of work	king	16	b. KIND OF BUSI	NESS/INDUS	TRY	
Elementary/Secondary (0)-12) C	college (1-4 or 5 +)	RETIE					GEN. MC	TORS		
17. FATHER'S NAME (First, M	liddle, Last)		10311		16. MO	THER'S NA		Middle, Melden S			
ELLSWORTH								IMPSON			
DELORES V.								MD 2120		ode)	
20g, METHOD OF DISPOSIT	on 3 🗌 Removal		PLACE AND DATE	OF DISPOSIT	ON (Name of		DA	TE 20c. LOC.	ATION — CIT		State
4 Donetton 5 Other			ALTO. NA	_		1/6/			ro. M		
N	. 1/1	1.11	_ /					ERAL HO			., i
22-PART I. Enter the di	Iseases, or com	pligations that caused	the Beath. Do r								/ Approximate
IMMEDIATE CAUSE (Fir disease or condition resulting in death)		only one cause on e	SEP S 15								Intervel Between Onset and Death
resolving in death)	· • • ·	DUE TO (OR AS A	CONSEQUENCE OF	F):							300
Sequentially list conditi		PERFOR DUE TO (OR AS A	CONSEQUENCE OF	DIV	ERTIC	ULL	M(1 WK
cause. Enter UNDERLYI CAUSE (Disease or Inju	ING										
that initiated events resulting in death) LAS	т	DUE TO (OR AS A	CONSEQUENCE OF	F):							
PART II. Other significa	int conditions c	ontributing to deeth h	ut not resulting	in the unde	erlying cause	alven In	Part I	24s. WAS AN A	UTOBEV	1 245 W	RE AUTOPSY FINDINGS
ESRID				the array	mynng bodao	given in	vale i.	PERFORM	IED?	AM	AILABLE PRIOR TO OMPLETION OF CAUSE
									,		DEATH?
DID TOBACCO U 25. WAS CASE REFERRED TO		UTE TO CAUSE O				CERTAI	ΝП			<u> </u>	
EXAMINER?	н	OSPITAL:	26. PLACE OF DEAT	OTHER:	g Home 5 🗆 F	Residence	a 🗆 Oth	ar (Snacibu)			
27. MANNER OF DEATH		28e. DATE OF INJURY (Month, Day, Yeer)	26b. TIM		Bc. INJURY AT WORK?	residence		SCRIBE HOW IN.	JURY OCCU	RED	
2 Accident	Pending Investigation	28e. PLACE OF INJURY	415	М	1 YES 2	□ NO					
	Could not be determined	building, atc. (Spec	= At nome, term, s	mreet, factor	, omica		City	CATION (Street en or Town, Stete)	d Number or	Rural Rout	e Number,
		N: To the best of my know									nd menner ee stated.
296. SIGNATURE AND TITLE	grant	Ithis On	, M.D.		-	LISU	A			IGNEO (MO	onth, Day, Year)
5601 LOW			ATH (ITEM 27) (Type,		,2123	9/	NZ	AR CHA	RAFG	MIDO	6,4.0.
JAN 05 1		32. REGISTRAR'S SIGN	ATURE							_	



age 6 may be retained by the hospital or attending physician. director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND	er death. Page 6 may be retained by the hosp	the funeral director, page 5 should be detached	il examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR WITH UNSTRUCTURE THE ISW requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR And this purificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by first managing or remaining the property of principles of the property of the perificial Hospital Holene prior to him a remaining or remaining the period of t	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF M				IEALTH AND DEATH	MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF DEATH		3. TIME OF DEATH
	CONNIE			CHO:	I		JANUARY 4	1995	7:55 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign
	509-76-=2051	1 🗆 M 2 🕞 F	66	YRS. MON	THS DAYS	HOURS MIN.	NOV. 27.19	Cour	ntry)
	9a. FACILITY NAME (If not institution, give sti	reet and number)		9b.	CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF	DEATH
DIRECTOR	THE JOHNS HOPKIN	S HOSPITA	AL	E	BALTIM	ORE CITY			
<u> </u>	10a. STATE 10b. COUNTY			10c. CITY, TO	WN OR LOCAT	TION			10d. INSIDE CITY
		nore Coun	nty	Cock	eysvil				1 YES 2 XNO
FUNERAL	1 Hillsyde Court					21030			WNAT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDENT	FEVER IN U.S. ARM	MED			NIC ORIGIN? (Specify Ye		CE — American Indian,
	1 Never Married 2 X Married	FORCES? 1		0	If yes, sp	ecify Cuben, Mexica 2 NO Specif	an, Puarto Rican, atc.)	Bla	ck. White, etc.
8	3 Widowed 4 Divorced				, , ,	A No open	,	3,00	Korean
	15. DECEDENT'S EDUC (Specify only highest grade of	CATION completed)	(G/v	EDENT'S USU	done during mo		16b. KIND OF BU	ISINESS/INDUSTRY	
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5 +)) life.	Do NOT use ret	ired.)				
₹	12		Hor	nemake:	r		Own I		
	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maider	Sumame)	
H	Keuk Lip Lee 19a. INFORMANT'S NAME (Type/Print)					Myo Si			
임	II TO THE RESERVE OF THE PARTY						Route Number, City or Tov		1 01 000
	Dr. Philip S. Cho)1		H111S			keysville,		
	1 Buriel 2 Cremetion 3 Remo	eval from State	cemetery, crem	natory or other p	place)	m Canda	nsJAN.7 Lutt	OCATION — City or 1	Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICI	ENSEE	Durane	y var.	22. NAME AP	ID ADDRESS OF FA	CILITY		arylani_
	11/16	2 2	1.2				defeld Hon		
-	23. PART I. Enter the diseases, or c), UCC	Accord the day	Ab. Do	6500	York Rd	. Baltimor	ce, Mary	
	ehock, or heart fellure. L	iat only one can	e on each line.	ith. Do not e	enter the mo	de of dying, auc	h aa cardiac or reap	iretory arrest,	Approximate interval Batween
- 1	IMMEDIATE CAUSE (Final								IIII ANI DELMAGII
- 1	diaman as anndition								Onset and Death
	diaman as anndition	. Meta	OR AS A CONSED	LUA UNITED OF STREET	g (a	aces			
	diaman as anndition	DUE TO	OR AS A CONSECU	UENCE OF):	g ca	aces			
NOI	disease or condition resulting in death) Sequentially list conditions,	·	OR AS A CONSEON		g (a	nces			
CATION	disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	·			g ca	nces			
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- CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQU	UENCE OF):			Pert I 242 was as	Aumery Lea	Onset and Death
AL CE	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQU	UENCE OF):			PERFO	RMED?	Onset and Death OX 7/94 b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
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SICIAN: MEDICAL CE	Sequentially liat conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART ii. Other eignificant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation investigation and Suicida 6 Could not be determined to determined. 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	DUE TO (1) DUE TO (1) CIBUTE TO CAL CIBUTE TO CAL HOSPITAL: 1 Inpatient 2 Company	OR AS A CONSEOU OR AS A CONSEOU DOR AS A CONSE	UENCE OF): UENCE OF): Deulting in the second of the seco	NO heck only one) HER: Nursing Hom 28c. INJ WO 1 1 1	UNCERTAIL TO S Residence UNY AT RKY (ES 2 NO a end place, and due eath occured at the 29c. LICENSE NUI	8 Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Street City or Town, State to the cause(a) and ma time, data and piece, at	and Number or Rural nner as stated. nd dus to the cause	Onset and Death OX 7/9-1 Ib. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART if. Other eignificant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (1) DUE TO (1) CONTRIBUTE TO CAL HOSPITAL: 1 V Inpatient 2 28a. DATE OF I (Month, De) 28a. PLACE OF building, a CONTRIBUTE CAUSI CONTRIBUTE C	OR AS A CONSEOU OR AS A CONSEOU DOR AS A CONSE	UENCE OF): UENCE OF): Deulting in the second of the seco	NO heck only one) HER: Nursing Hom 28c. INJ WO 1 1 1	UNCERTAIL TO S Residence UNY AT RKY (ES 2 NO a end place, and due eath occured at the 29c. LICENSE NUI	8 Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Street City or Town, State to the cause(a) and ma	and Number or Rural nner as stated. nd dus to the cause	Onset and Death OX 7/9-1 Ib. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,

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Joseph

5. SEX

1 XM 2 F

1 - FOR STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020

BOX 68760

DIVISION OF VITAL RECORDS, P.O.

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give atreet and number)

Vito

108-22-2880

4. SOCIAL SECURITY NUMBER

31. DATE FILED (Month, Day, Year)

JAN 05 1995

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 MRS.

9b. CITY, TOWN OR LOCATION OF DEATH

Cavalcante

62-63 YRS.

6. AGE (In yrs. last birthday)

Pages 1, 2, 3 should RECTOR Greater Baltimore Medical Center Towson RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE ō TOWSON permit. FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE page 5 should be detached for use as the burial-transit 8415 Bellona Lane Apt. 702 21204 the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 MO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) 10 Exporter Clothing 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Vincent James Cavalcante retained by Catherine Margaret Lisanti BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Violet Cavalcante 8415 Bellona Lane, Apt. 702, Towson, MD 21204 death. Page 6 may be pe 20a. METHOD OF DISPOSITION 1 D Buriel 2 C Fremation 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Musc director Metro Crematory, Inc. JÄN 4 Donation 5 D-Other (Screen) Catonsville, MD Bryan W. Clar examiner 22. NAME AND ADDRESS OF FACILITY furners! Lemmon Funeral Home Clary 10 W. Padonia Rd., Timonium, MD 21093 ê hours after medical 23. PART I. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on completely filled in by ed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, IMMEDIATE CAUSE (Final ä disease or condition resulting in death) 1001100 event. DUE TO (OR AS A CONSEQUENCE OF) and com burlat. traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING physician certificate be prior CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 The attent injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ă MEDICAL 34a. WAS AN AUTOPSY AN ä PERFORMED? amy Health at T THE PLANT shows DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN has b PHYSICIAN: H 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one ž certificate by EXAMINERT HOSPITAL 1 | Inpatient 2 | R/Outp PHYSICIAN 4 - Nursing Home 5 - Residence 6 - Other (Specify) b 8 27. MANNER OF BEATH 28s. DATE OF INJURY (Month, Day, War) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED at the marked. 1 [2] Natural 1 YES 2 NO BY After 2 Accident OR ATTENDING 3 Suicide 28s. PLACE OF INJURY -- At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Funsi Route Number City or Town, State) .00 COMPLETED 6 [] Could not be DIRECTOR: Noun after Item 28 ls 4 Homické 29w. CERTIFIER only ,3 CERTIFYING PHYSICIAN: To the best of my dgs, death occurred at the time, date and place, and due to the cause(s) and manner as stated. HOSPITAL. FUNERAL WITTO 72 1 TANT: II 1 3 AMEDICAL EXAMINER: ON 296. SIGHAYUNE AND TITLE ORICERTIFIER BE 2 30 HAME AND ADDRESS OF PERSON WHO

32 AEGISTRAR'S SIGNATUR

1995

9c. COUNTY OF DEATH

Baltimore

10g. CITIZEN OF WHAT COUNTRY?

WHITE

USA

SEXO

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 YES ZO NO

Interval Between

24b. WERE AUTOPSY FINDINGS

1 TER 2 NO

AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Onset and Death

NEW YORK

7:55 A

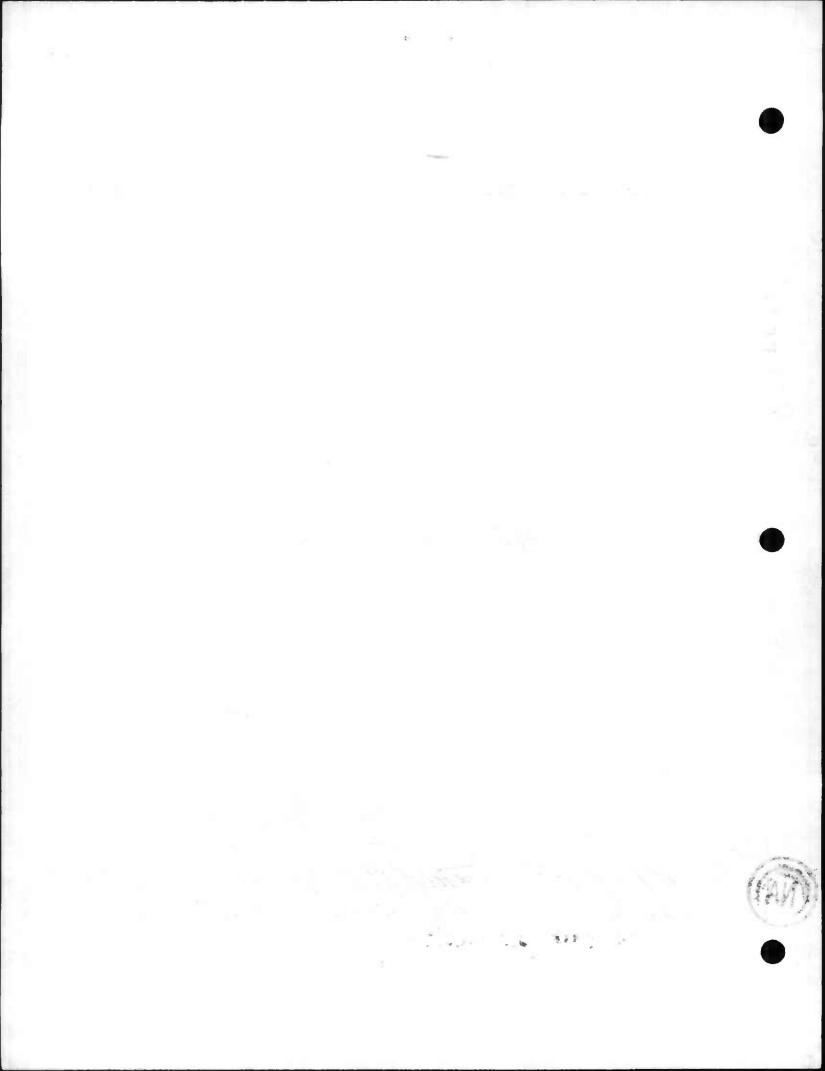
REG. NO

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year) March 19,

January

294. DATE SIGNED (Might), Day, Year



DIVISION OF VITAL RECORDS, P.O. BOX 68760

Pages 1, 2, 3 should permit. funeral director, page 5 should be detached for use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 the attending physician and completely filled in by the I Mental Hygiene prior to burial, cremation, or removal. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within signed by the Jo. this certificate h DIRECTOR: After the hours after death v after

Item#19b	Per	F.H.	F1 Lm#	G - 719	01/0	05/95	R.M.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 95 JAN FLOYD CLARK M 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN. 1 M 2 F 114-03-1915 YRS 85 Florida Jul. 12, 1909 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR RANDALLSTOWN MERIDAN N.H. n/a RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY LIMITS? n/a MD Randallstown 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9109 Liberty Road 21133 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. Il yes, specify Cuban, Mexican, Puerto Ri
1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES Specify BY 3 X Widowed 4 Divorced Black ED . 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementery/Secondary (0-12) College (1-4 or 5+) Truck Driver n/a 7th N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frank Clark notified at Sara Stevenson BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Robert Sisco 5236 Stone Shop Cicrle/Owings Mills, MD 21117 be 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must Burlei 2 Cremetion 3 Removal from State Donation 5 - Other (Specify) Garrison Forest VA Cem. 1-6 Owings Mills, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Karen en MARCH F/H-WEST 4300 WABASH AVE 23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory errest, medical Approximate ehock, or heert fellure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Finei** Onset and Death the diseese or condition angio Carcinoma no event, resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) or other DUE TO (OR AS A CONSEQUENCE OF) thet initieted events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO Dept. 23 st DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one Item HOSPITAL OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 10 27. MANNER OP DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, INJURY 1 Natural 5 Pending 1 YES 2 NO ВУ Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is ETED 3 Suicide 8 Could not be 4 Homicide determined item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) and manner as ateled. COMPL THE HOSPITAL O THE FUNERAL D filed within 72 ho TO THE HOSPITAL OF THE FUNERAL DID BE filed within 72 hr (Check only one) 2 _ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) and manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE D20964 01-04-95 2 M. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, Jerome H. Ginsberg, M.D. 8630 Liberty Plaza Mall; Randallstown, MD 22-REGISTRAT'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PRINGEN THE law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: The completely filled in by the attending physician and completely filled in by the
DIVI	L OR AT	DIRECT

TO THE HOSPITAL OR ATTEND GENERAL PRESENTATION TO law requires that the death certificate be executed with. Adouts after death, Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR.

TO THE FUNERAL DIRECTOR.

To have a signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached to filled within 72 hours after commitments. Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is many than 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	IENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF REGISTRAR	MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND NATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	7.11.01	man		JAN 2	1995 01 10pm
	4. SOCIAL SECURITY NUMBER 5. SEX	MON		7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
	214-50-0938 1 T M 2 F	47 YRS.	CITY, TOWN OR LOCATION OF DE	Sept 7, 1948	Maryland Maryland
R		96.		ATH 9c. CO	OUNTY OF DEATH
5	Bon Secours Hospital		Baltimore		
IRE	10e. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	Maryland 10e, STREET AND NUMBER	Ba	1].timore	10- 0	1 ▼ YES 2 □ NO
ERA	4640 Parkton Street		21229		
S	11. MARITAL STATUS 12. WAS DECEDI	NT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPANI	C ORIGIN? (Specify Yee or No-	USA 14. RACE — American Indian,
ВУ Е	1 Never Married 2 Merried FORCES? 3 Widowed 4 Divorced IF YES, GIVE	1 ▼ YES 2 NO WAR OR DATES	If yes, specify Cuben, Mexican 1 YES 2 NO Specify:		Black, White, atc. Specify:
	15. DECEDENT'S EDUCATION	18e. DECEDENT'S USUA	AL COCURATION	T	Black
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	(Give kind of work of	fone during most of working	16b. KIND OF BUSINESS/II	ADUSTRY
APL	College		ssistant	Charles	Williams, Esq.
S	17. FATHER'S NAME (First, Middle, Last)			E (First, Middle, Maiden Sumerne)	
BE	Alfred Coleman		Dorothy	Baskerville	
2	19e. INFORMANT'S NAME (Type/Print)	I	RESS (Street end Number or Rural Re		
	Sheila Coleman 200. METHOD OF DISPOSITION	20b. PLACE AND DATE OF DIS	kton Street		aryland 21229 - City or Town, State
	1 M Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, crematory or other of		Jan	Mills, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	p D . C C C L C I I	22. NAME AND ADDRESS OF FAC	""Nutter Fune	ral Homes. Inc
	Just X Kollins		2501 Gwynns F	alls Parkway	eral Homes, Inc
	23. PART i. Enter the diseasea, or complications the shock, or heart fallure. List only one complications to the shock of	at caused the death. Do not e	nter the mode of dying, auch	as cardiac or reaplratory a	errest, Approximate
	IMMEDIATE CAUSE (Final				Interval Between Onset and Death
	disesse or condition resulting in death)	O (OR AS A CONSEQUENCE OF	halonathy		
_					
5	Sequentially list conditions, If any, leading to immsdiate	O (OR AS A CONSEQUENCE OF):	CI P		
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	O COR AS A CONSEQUENCE OF):	myo cardia	1 infarch	n
TIF	that initiated eventa resulting in death) LAST	O (OR AS A CONSEQUENCE OF):	ι		
CERTIFICATION	d				
AL	PART II. Other algorificant conditions contributing t	4	A	Part I. 24s. WAS AN AUTOPS'	Y 24b, WERE AUTOPSY FINDINGS
MEDIC	Intravenaus	dnig addi	chin	1 YES 2 NO	COMPLETION OF CAUSE OF DEATH?
M	DID TODA CCO LICE CONTRIBUTE TO C	<u> </u>			1 TYES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO C 25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (C)			
SIC	EXAMINER? 1 System 2 NO 1 Impatient 2	ОТ	HER: Nursing Home 5 - Residence 8	Other (Specify)	
표	27. MANNER OF DEATH 28a. DATE C			28d. DESCRIBE HOW INJURY O	CCURED
ВУ	2 Accident Investigation		M 1 YES 2 NO		
8	3 Suicide 6 Could not be 4 Homicide detarmined	OF INJURY — At home, farm, atreet, stee. (Specify)	tectory, office	28f. LOCATION (Street end Numb City or Town, State)	er or Rurel Route Number,
COMPLET	290. CERTIFIER				
MP	(Check only one) 2 MEDICAL EXAMINER: On the best of				
	29b. SIGNATURE AND TITUE OF CERTIFIER		29c. LICENSE NUME		ATE SIGNED (Month, Day, Year)
) BE	C mys Keleur	1)	7/03		1/2/51
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA MOGES GEBREMOUTCA 31. DATE FILED (Month, Day Man) 1 AN 0 5 1995	JSE OF DEATH (ITEM 27) (Type, Print)	110	7 "	. (
	Mogest Gebremaila	u 4660WI	IKENS AUTZ	of Butto	nd 2/21
	JAN 05 1995	Age North letter	_		
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D. BOX 68760,	actificate he executed with
O. BOX 68760,	certificate he executed with
P.O. BOX 68760,	both certificate he executed with
S, P.O. BOX 68760,	death certificate he executed with
DS, P.O. BOX 68760,	the death certificate he executed with
RDS, P.O. BOX 68760,	the death certificate he executed with
ORDS, P.O. BOX 68760,	that the death certificate he executed with
ECORDS, P.O. BOX 68760,	sides that the death partitions he executed with

			FOR STATE REGISTRAR		STATE OF A	MARYL		DEPAR					MENT	AL HYGIEN			
			1. DECEDENT'S NAME (First	t, Middle, Lest)									2. DA	TE OF OEATH		YEAR	3. TIME OF DEATH
•			Lavesta	Cleve									1	1	95		6:41p M
	Ð		4. SOCIAL SECURITY NUMBER 416-48-92	15	5. SEX 1 ☐ M 2∑∑F	8. AGE (in yrs. lest	birthday) TRS.	IF UNDER	1 YEAR DAYS	HOURS	MIN.	(Mo	re of BIRTN onth, Day, Year) -14-09		8. BIRTH Countr GA	IPLACE (Stete or Foreign y)
	2, 3 should	OR	Johns Hop	kins 1		Med	dica	1			timo	on of de	ATN		9c. COU	NTY OF D	EATH
	- 20	[[RESIDENCE OF DE	10b. COUNTY	,			10c CIT	, TOWN C	BIOCA	TION						10d. INSIDE CITY
	physician. burial-transit permit. Pages 1, 2,	- DIRECTOR	MD 100. STREET AND NUMBER						1ti	nor	e						LIMITS? 1 YES 2 NO
	it per	FUNERAL	2840 Lodge		Dd					200	. ZIP COO				10g. CIT		VHAT COUNTRY?
_	cian. -trans	N.	11. MARITAL STATUS	erarm	12. WAS DECEDEN	T EVER IN	IIIS ARI	4ED	12.1	_	2121		IIC OBI	GIN? (Specify Yss	or No		USA
5-0020	the	BY	1 Never Merried 2 Divided 4 Divided		FORCES? 1 IF YES, GIVE W	YES	XXI			f yes, sp	ecity Cube	Specify	n, Pusri	o Rican, etc.)	OF NO	Black Speci	E—American Indian, I, White, etc.
215	r attend use as	8	15. OEC	EDENT'S EDUC	CATION		18s. DEC	CEDENT'S	USUAL O	CUPATIO	ON		1	66, KIND OF BUS	SINESS/INC	USTRY	
D 2121	spital or hed for u	COMPLET	Elementary/Secondary (College (1-4 or 5	+)	life.	each	e retired.)	шппд то	SE OF WORK	ng		Schoo!	l Sy	ste	m
RYLAND	the hospit detached once.	Š	17. FATNER'S NAME (First, A								18. MOT	HER'S NAI	ME (Firs	t, Middle, Maiden	Surname)		
₹	8 E E	BE (George Boy											Carte			
MAR	retained by 5 should be notified at	6	190. INFORMANT'S NAME (Mary O. W.	Type/Print)			19b	MAILING	ADDRESS	(Street a	nd Number	r or Rural A	Pourte Nu	mber, City or Town	n, State, Zip	Code)	
щĩ	ay be re page 5											a Ci					ce, VA 23
MOR	rector, p must		20e. METNOD OF DISPOSIT XIX Buriel 2 Crematic 4 Dopartion 8 Other	on 3 🗌 Remo	oval from State	20b.	1 ed	nd date of matory or of MOn	her place)	met	ery		1/	1	cation –		Alabama
ALTIMOR	after death. Page 6 may be by the funeral director, page moval.		21. SIGNATURE OF FUNERA	L SERVICE LIO	ENSEE A	40	I	2	J	ame	s A	SS OF FAC	ort		Sons		neral Hom
8	S - 5		23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (FIG	aert fallura. I	omplications tha List only ona cau	t causad	tha dat sch line.	ith. Do n								eat,	Approximata interval Between Onset and Death
60,0	completely filled in rial, cremation, or c event, the me		disease or condition resulting in dasth)	→	DUE TO	PAS A	CONSEC	UENCE OF	ept	is							Lay
OX 68760	ate be executed ysician and comprior to burial, traumatic ev	CATION	Sequantially list condit if any, leading to imme cause. Entar UNDERLY	diata	DUE TO	(OR AS A	CONSEO	UENCE OF):								
O. B	h certifica ending ph Hygiene or other	CERTIFIC	CAUSE (Disease or Injuthat initiated evanta resulting in daath) LAS	iry s	DUE TO	(OR AS A	CONSEO	UENCE OF):				_				
DS,	nat the death by the attend and Mental H	- 1	PART II. Other aignifica	int conditions	s contributing to	daath bi	ut not re	aulting	n the un	darlylns	causa	givan in i	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
RECOR	law requires that the seen signed by the best. of Health and 23 shows any in	MEDICAL	Thyle	inalypli	veten syn	hre	Plan.	Pol.	0	6-11			_	PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	w req been bt. of	Z.	DID TOBACCO U	SE CONTR	RIBUTE TO CA	USE 6	F DEAT	TH YE	s 🗆 1	40 A	LUNC	ERTAIN	1 🗆				7 120 2 2010
VITAL	has De	SICIA	25. WAS CASE REFERRED T EXAMINER?					OF DEAT	N (Check o	only one)				1			
		YSI	1 YES 2 NO		HOSPITAL:	ER/Outp	ationt 3	□ DOA	OTHER		o 5 □ Re	sidencs	8 🗌 Ot	her (Specify)			
N OF	PHY:	ву рну		Pending Investigation	28e. DATE OF (Month, D	INJURY ay, Year)		28b. TIME INJ	OF JRY M		URY AT RK? res 2] NO	28d. D	ESCRIBE NOW II	JURY OC	CURED	
DIVISION	CTTP After View death	TED B	3 Suicide 8	Could not be determined	28e. PLACE O building,	F INJURY stc. (Speci	— At hon	ns, ferm, s	treet, facto	ory, office	•			OCATION (Street s by or Town, State)	nd Number	or Rural R	oute Number,
D		Ę			CIAN: To the best of												
	N H DE	8	29b. SIGNATURE (SO TITLE			//	911G/UT	- autigeti0i	r, in may o	pirindin, di				ne sna placs, sna			and manner as stated.
)	TO THE HOS TO THE PUN De filed with	O BE	h.(url	ev 3	Lay of	essi	un				29c. LICE	97)	BER		29d. DAT	3/	(Month, Day, Year)
			30. NAME AND ADDRESS OF	F PERSON WNC	COMPLETED CAUS	W OF DEA	TH OTEM	27) (Time	Driet)								

Eastern

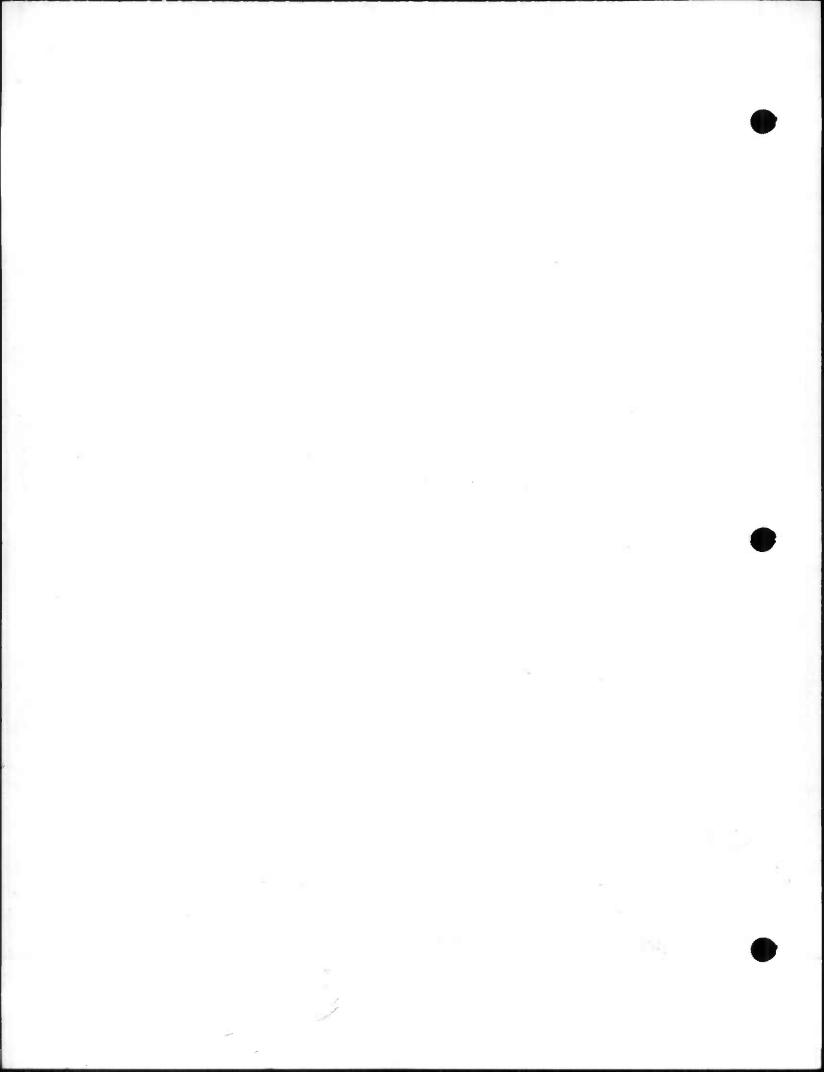
4440

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
M) LYALL WELL JYBV ML YYY

32. REGISTRAR'S AIGNATURE

31. DATE FILED (MONTH, Day, Year)

JAN U 5 1995



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

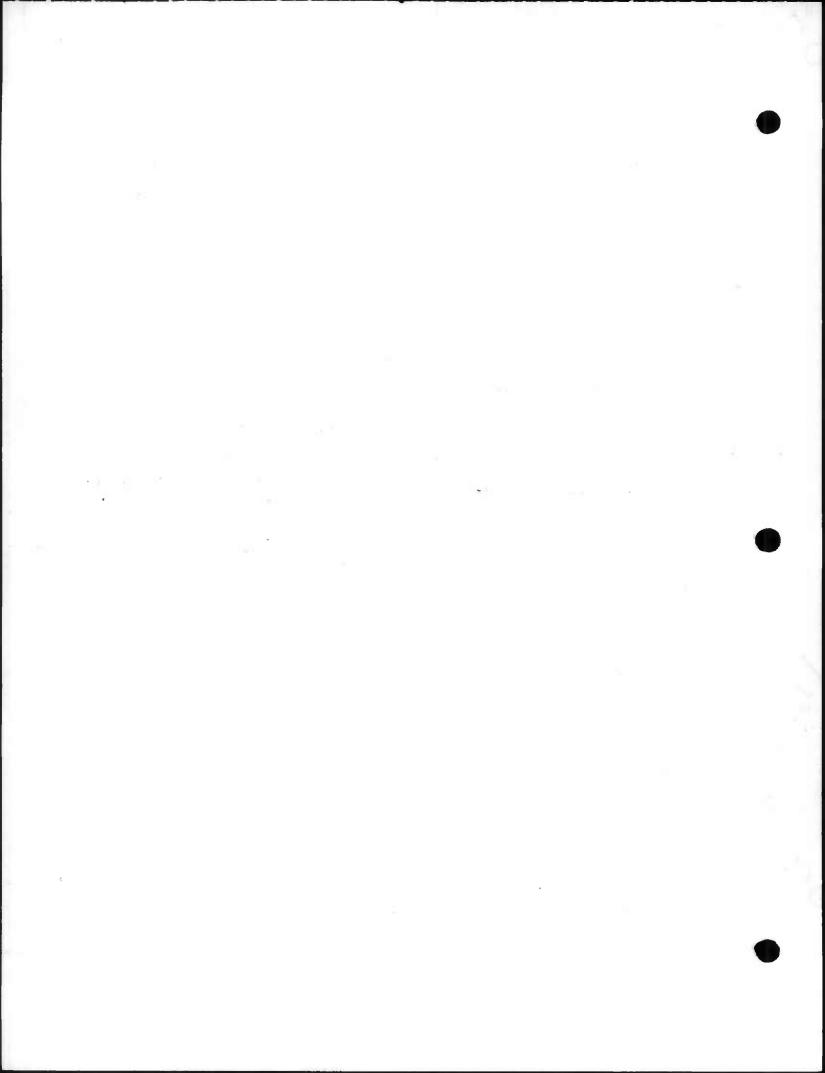
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH			<u>:KIIIFI</u>	CALE	F DEAL	H	REC	S. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DE		1	3. TIME OF DEATH
3	Catherine	Margaret	Cole				_ [Januar	y 1,	1995	м
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. les	t birthday)	IF UNDER 1 YEA	R IF UNDER	24 HRS.	7. DATE OF BIR	TH		HPLACE (State or Foreign
	213-28-9903	1 🗆 M 2 💢 F	64	YRS.	MONTHS DAY	S HOURS	MIN.	Dec. 9,		Count	yland
	9s. FACILITY NAME (If not institution, give st	reet end number)		-	9b. CITY, TOV	N OR LOCATIO				COUNTY OF D	3
E .	6109 Rolling Vie		- 1					755			
5	RESIDENCE OF DECEDENT										1 County
6109 Rolling View Drive Sykesville HESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Carroll County Sykesville									10d. INSIDE CITY		
	Maryland Carr	coll Count	v	S	kesvi	l1e					1 YES 2 X NO
AL	10e. STREET AND NUMBER					101. ZIP CODE	:		10g	. CITIZEN OF	WHAT COUNTRY?
FUNERAL	6109 Rolling Vie	ew Drive				2	1784			U.S.A	
5	11. MARITAL STATUS	12. WAS DECEDENT	VER IN U.S. AR	MED	13. WAS	DECENDENT OF	F HISPANIC	ORIGIN? (Spec	Ify Yes or No	0- 14. RAC	E — American Indian
	1 Never Married 2 Merried	FORCES? 1 [Ю		ES 2 NO		Puarto Rican, a	tc.)	Spec	k, White, atc.
В	3 Widowed 4 Divorced										White
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)			USUAL OCCUP	ATION most of working	a	166. KIND (OF BUSINES	S/INDUSTRY	
<u> </u>	Elementary/Secondery (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)	most or worthing	9				
M P	12		I	nsura	ince A	gent			Insu	rance	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTH	ER'S NAME	E (First, Middle, M	Asiden Surna	me)	
BE	Harry J. G	Glorioso				1	Mary	Jennie	Rak		
5	19e. INFORMANT'S NAME (Type/Print)		190	. MAILING	ADDRESS (Stre	et end Number	or Rural Ro	ute Number, City	or Town, Stat	te, Zip Code)	
	Mr. Warren E. Co	ole		6109	Rollin	g View	W Dri	ve Sv	kesvi	11e. M	ID 21784
	20e_METHOD OF DISPOSITION 1 Device 2 Cremetion 3 Remo	wal Irom State	20b. PLACE	ND DATE O	F DISPOSITION					N — City or To	
	4 Donetion 6 Other (Specify)		St. J	oseph	Cemet	ery	1/4	/94	Emmit	sburg.	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC		1.		22. NAMI	AND ADDRES	S OF FACIL	LITY			
	Drian &	Hors	A					L HOME			
	23. PART i. Entar tha diseasea, or c			eth Don	of enter the	esvill	Le, M	D 2178	4 (4	10)-/9	5-1400 Approximate
	snock, or haart failure.	Liat only one cause	on aach lina		or arriar tria	nioda or dyn	ng, auch	aw caldiac of	reaphretor	y arreat,	interval Between
	iMMEDIATE CAUSE (Final disease or condition	CONE	CEST	-11/	E 1	7 <	5/4		1-		Onset and Daath
1	reaulting in death)	DUE TO 40	2011	/ /	<u> </u>	1		C17	16		17%.
	100	CONG DUE TO (O	-MR	T	Di	CK	10/	pro.			/ /
CERTIFICATION	Sequantially list conditions,		R AS A CONSEC			10/	ے د	-			
AT	if any, leading to immediate cause. Enter UNDERLYING				,						i l
畄	CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSEC	UENCE OF):						1
F	resulting in death) LAST										
EDICAL	PART II. Other algorificant conditions		1 0						AS AN AUTO		. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
5	HYPE	RIEN	5101		_21	ABO	E12	ES	ES 2 N		COMPLETION OF CAUSE OF DEATH?
ME											1 TES 2 NO
	DID TOBACCO USE CONTR	RIBUTE TO CAU	SE OF DEA	TH YE	S I NO	M UNC	ERTAIN				
SI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEAT	H (Check only o	ne)					
Š	1 TYES 2 NO	1 Inpatient 2 E	R/Outpatient 3	□ DOA	OTHER: 4 Nursing i	ome 5 Res	sidence 8	Other (Specif	y)		
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,		28b. TIME		INJURY AT WORK?		ed. DESCRIBE		OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation	(1001)	11100		YES 2	NO				- 1
	3 Suicide 6 Could not be	26s. PLACE OF I building, etc	NJURY At ho	ne, lerm, a	treet, factory, o	ffice	2	BI. LOCATION (Street end Nu	imber or Rural I	Route Number,
	4 Homicide determined	bollowy, acc	~ (Specify)					City or Town,	State)		
COMPLETED	29e. CERTIFIER (Check only 1) CERTIFYING PHYSIC	IAN: To the heel of m	knowledge de	ath occurre	d at the time of	ete and else-		15	4		
Σ	(Check only one) 2 MEDICAL EXAMINER										N and manner attend
- 11						29c, LICE	NSE NUMBI	ER	29d.	DATE SIGNED	(Month Day Manch
BE	290. SIGNATURE AND TITLE OF CERTIFIER	Ila di	m			9	-12	20113		7	7 - 00
	AHO	Wadi	m			2	1-12	-849	•	7-	2-95
TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE		27) (Type,	Print)	D 7	1-12	849	•	7-	2-95
	AHO	COMPLETED CAUSE	7600	127) (Type,	Print) SLE	RZ)-12 >r.	70N3	son.	1-	2-95

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Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 and completely filled in by the funeral director, page 5 should be detached for use as the 10 burial, cremation, or removal. ON OF VITAL RECORDS, P.O. BOX 68760, the attending physician Mental Hygiene prior to

Pages 1, 2, 3 should

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DIRECTOR

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IMPORTANT:

MEDICAL

PHYSICIAN:

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After the death w

DING PHYSICIAN:

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH Gerald Costin Dodson 45 0155 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 | F DAYS HOURS 214-16-7876 YRS. July 29 Maryland 9e. FACILITY HAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH University of Maryland Hospital Baltimore RESIDENCE OF DECEDENT 10a. STATE 10h COURTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO 10e. STREET AHD NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 532 East 38th Street 21218 U.S.A ORCES? 1 VES 2 NO
IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Ho—
If yee, specify Cuben, Mexican, Puerlo Rican, atc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 3 Widowed 4 Divorced Specify: white 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIHD OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5 +) 12 years machine operator Defense 17. FATNER'S NAME (First, Middle, Lest) 16. MOTHER'S HAME (First, Middle, Maiden Surneme) James Elwood Dodson Sarah Robertha Lusby 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mary Violet Dodson 532 East 38th Street, Baltimore. MD 21218 20g METNOD OF DISPOSITION
1 | X Burlet | 2 | Cremetton | 3 | Removal from State 20c. LOCATIOH — City or Town, State 20b. PLACE AHD OATE OF DISPOSITION (Name of OATE Olivet U. 4 Donetlon 5 Other (Specify) M. C. Cemetery 1/7 Solomons Is. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home Inc. Morris 6500 York Rd. Baltimore, MD 21212 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate shock, or heart feilure. Liet only one cause on each line. intarvai Between **IMMEDIATE CAUSE (Finel Onset and Death** diseese or condition_ ntracerebra Hemmorrhage resulting in death) lensur 75 years Sequentially list conditions, A CONSEQUENCE OF) if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the undarfying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO OF DEATN? 1 - YES 2 -0 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 🔀 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO Onpatient 2 - ER/Outpatient 3 - DOA Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED 1 Natural 1 YES 2 NO Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es stated. 2 MEDICAL EXAMINER: On the besis of exemination end/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(s) end manner ee stated. 299. SIGNATURE AND TITLE OF CENTIFIES 29c. LIÇENŞE HUMBER 29d. DATE SIGNEO (Month, Day, Year) 66 ewoswalon WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

뿔 223

31. DATE FILED (Month, Day,

(ARI)

The Course of the distinct Super

95-0013-510

ITEMS: 23 part I,27,28a,b,c,d,e,f per MEO 1/30/95 reb

		1 - FOR STATE OF MARYLAND A	DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) CHARLES WESLEY	DEAN JR.		3. TIME OF DEATH
		CHARLES WESLEY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In	DIZII	7. DATE OF BIRTH	95 10:12 P.M B. BIRTHPLACE (State or Foreign
should		218-46-9806 1 MM 2 F 46 9a. FACILITY NAME (If not institution, give street end number)	YRS. MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF DE	May 23,1948	Maryland Ty of DEATH
1, 2, 3 se	TOR	2004 e.BALTIMORE STREET	BALTIMORE CI		TOF DENIN
permit. Pages	DIRECTOR	Maryland 10b. COUNTY	Baltimore		10d. INSIDE CITY LIMITS? 1 PYES 2 NO
. is	FUNERAL	2004 E. Baltimore S	+. 21231	U	S A
215-0020 attending physician. se as the burial-transit	BY	11. MARUTAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEOENT EVER IN U.S. AI FORCES? 1 YES 2 I YES GIVE WAR OR DATES	NAMED 13. WAS DECENDENT OF HISPAN If yes, specify Culpan, Maxical 1 ☐ YES 2 ₪ NO Specify	n, Puerto Rican, etc.)	4. RACE — American Indian, Black, White, etc. Specify RLACK
3	ETED	(Specify only highest grade completed)	ECEDENT'S USUAL OCCUPATION Ne kind of work done during most of working	16b. KIND OF BUSINESS/INDU	STRY
AND 2. The hospital of detached for once.	COMPLE	12 3	DISability	unemp	loyed
YLA by the be de	BE	Charles Wesley Dea	In Sr. Ber	tha Gale	
	10	Bertha Dean 6	2004 E. Baltimo	re St. Balto	Md. 21231
MORE, age 6 may be director, page er must be		20a. METHOD OF OISPOSITION 1	AND DATE OF DISPOSITION (Name of Mail grylor other pigce)	1/6/95 BOLTO	ty or Town, State
ALTI death. P funeral		21, SIGNAPORE OF PUNERAL SETRICE LICENSES	105eph L. Ru	ss Funeral	Home 0.Md.21216
hours after of in by the or removal.	П	23. PART Enter the diseases, or complications that caused the de shock, or heart fellure. List only one cause on each line	eath. Do not anter the mode of dying, auch	as cardiec or respiratory arres	nt, Approximate interval Between
ted within 24 ho completely filled ial, cremation, o		IMMEDIATE CAUSE (Fine) disease or condition resulting in death) NARCOTIC INTOXIC			Onset and Death
executed and composite to burial, imatic en	CATION	Sequentielly list conditions, if any, leeding to immediate			
ficate be physicial ne prior her trau	FICA	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSE	OUENCE OF):		
P.O. sath cert attending trail Hygie	CERTIF	resulting in deeth) LAST			
RDS, at the dea by the att and Menta y Injury,		PART II. Other algnificent conditions contributing to deeth but not a	resulting in the underlying cause given in i	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
w requires that been signed by pt. of Health and shows any I	MEDICAL			1 YES 2 NO	OF DEATH?
12 E S a		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEA			
F VITA SICIAN: The certificate h the State I, or Item	Sici	EXAMINER? 1 XYES 2 NO 1 Inpetient 2 ER/Outpatient 3	CE OF DEATH (Check only one) OTHER: DOA 4 Nursing Home 5 Residence	- C - C - C - C - C - C - C - C - C - C	
OF VITA PHYSICIAN: The this certificate h, with the State C	PHYSICIAN:	27. MANNER OF OEATH 1 Netural 5 Pending (Month, Day, Year)	PBIL THME OF 28c, INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCU	RED
Affer death	BY	2 Accident Investigation OUND: 1/1/95	9:45 PM 1 YES 2XX NO	UNKNOWN 28f. LOCATION (Street and Number of	Purel Coute Number
TTEN TOP: after 28 L	ETED	3 ☐ Suicide BXIX Could not be datarmined 4 ☐ Homicide datarmined 20s PLACE OF INJUNT — At no building, stc. (Specify) HOME	and areas, estaty, strice	City or Town, State) 2004 E. BALTIMORE	
그 그 ~ ~	COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, de 2X MEDICAL EXAMINER: On the bests of examination and/or			
TO THE HOSPIT TO THE FUNERA De filed within 7	BE C	29) SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUM		SIGNED (Month, Day, Year)
5 5 8 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	TO B	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	O.C.M	.E.	N 2,1995
		MARCARUM PIKOROLUM 1	11 Penn Street, B	altimore, Mar	yland 21201
		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE			

95 T S. 1

Kindreb Carl

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ANTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAR-OFFICIAN: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 12 Hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item, 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netitied at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

		LAGER		2. DATE OF DEATH DAY YEAR YEAR 4 / / / A M									
	4. SOCIAL SECURITY NUMBER 214-62-50.		5. SEX 1 M 2 F	6. AGE (In yrs. last	VRS.	IF UNDER	DAYS	HOURS	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) AUG. 4,19	03	6. BIRTHPI Country) MARY	LAND
E I	90. FACILITY NAME (If not institu		eet and number)			96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE						тн	
DIRECTOR	RESIDENCE OF DECE	DENT				DADITION							
H	10a. STATE	10c. CITY	r, TOWN	OR LOCA	TION				.1	0d. INSIDE CITY LIMITS?			
	MARYLAND				E	BALT	IMOR	E				t	XYES 2 NO
₹	10e. STREET AND NUMBER						10	f. ZIP COD			10g. CIT	IZEN OF WH	AT COUNTRY?
FUNERAL	3809 CLARKS	LANE,						212				US	A
	11. MARITAL STATUS 1 Never Married 2 Ma	rried		YES 2 N	MED O	13.	WAS DEC	ENDENT C	F HISPAN	C ORIGIN? (Specify Yea , Puerto Rican, etc.)	or No	14. RACE - Black,	- American Indian, White, atc.
B	3 Widowed 4 Divorce	- 1	IF YES, GIVE W	AR OR DATES			1 TYES	2 X NO	Specify:			Specify:	WHITE
	15. DECEDI (Specify only hi	ENT'S EOUC		(G/	CEDENT'S	ork done	during mo	ON ost of working	107	166. KIND OF BUS	INESS/IN	DUSTRY	
E	Elementary/Secondary (0-12)		College (1-4 or 5 a	·) Ha.	Do NOT us	_ ′							
COMPLETED	6 t7. FATHER'S NAME (First, Middle	in 1 4)			HOUS	SEWI	FE				HOM	E	
BE CC	REUBEN			ROYPI				R	ACHAI				SEL
10	MR. PHILIP	2	ACHSLAGE	ER 196	3809	CLA	s (Street a RKS	LANE	or Rural R	Oute Number, City or Town C. 204 BAL	r, State, Zi TIMO	RE, MD	21215
1	20s. METHOD OF DISPOSITION 1 Direction 2 Crespertor 4 Donation 5 Oper (So	3 Samo	Cal-Work State	DID PLACE A		her place)			1.	DATE 20c. LOC -4-95 BALT		City or Town	n, Slate
1	21. SIGNATUME OF UNERAL S		NSEE	1100	NO ITC	22.	NAME A	ND ADDRE	SS OF FAC	ILITY			
SOL LEY								& BROS.,		TTM/D	E, MD 21215		
	23. PART I. Enter the diseases of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, above, or heart-failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) a. CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF): B. MYOCAVAIAL INFORMOR DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	UENCE OF UENCE OF		NFC	rct	ion							
E	resulting in daath) LAST	d.											
- 13	PART ii. Other significant	conditiona	contributing to	death but not re	aulting is	n the ur	nderivin	g cause (niven in i	Part I. 24s. WAS AN.	AUTOPSV	24b W	/ERE AUTOPSY FINDINGS
EDICAL											PRMED? AWAIL		MAILABLE PRIOR TO
ED										1 YES 2	□ NO	0	F DEATH?
2	DID TOBACCO USE	CONTR	IRLITE TO CA	LISE OF DEAT	TH VE	с П I	NO F	1 LINIC	ERTAIN			1	YES 2 NO
¥	25. WAS CASE REFERRED TO M		DOIL TO CA		E OF DEAT] 0140	EKIAII				
SIC	EXAMINER?		HOSPITAL:	ER/Oulpatient 3	□ DOA	OTHEI		10 5 □ Re	eldence (3 Other (Specify)			
/ PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Per	iding	28a. DATE OF (Month, D	INJURY	28b. TIME	E OF	28c. INJ	URY AT		28d. DESCRIBE HOW IN	JURY OC	CURED	
ED BY	3 Suicide 6 Cou	estigation aid not be ermined	28a. PLACE O building.	F INJURY — At hor etc. (Specify)	ne, lerm, st	treet, laci	lory, offic			281. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural Rou	ite Number,
9 1	29a, CERTIFIER 1 SC CERTIFY	ING PHYSIC	AN: To the best of	my knowledge des	th occurre	d at the t	Non deta	and place	and due t	to the cause(s) end man			
COMPLETED										ime, data and place, and			and menner se stated.
TO BE (Batel C.	Ba	uas	MD					023	55	29d. DAT	E SIGNED (A	fonth, Day, Year) 95
ا ا	BOUCI C. BOI	rson who	SING!	HOSP, 1	127) (Type,	Print)	Bei	vedn	= A1	c, Balhr	norc	MD	
	JAN 05 199	5 /2	32 REGISTRA	R'S PHAFURE									

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the mount after death. Page 6 may be retained by the bospital or attending physician.

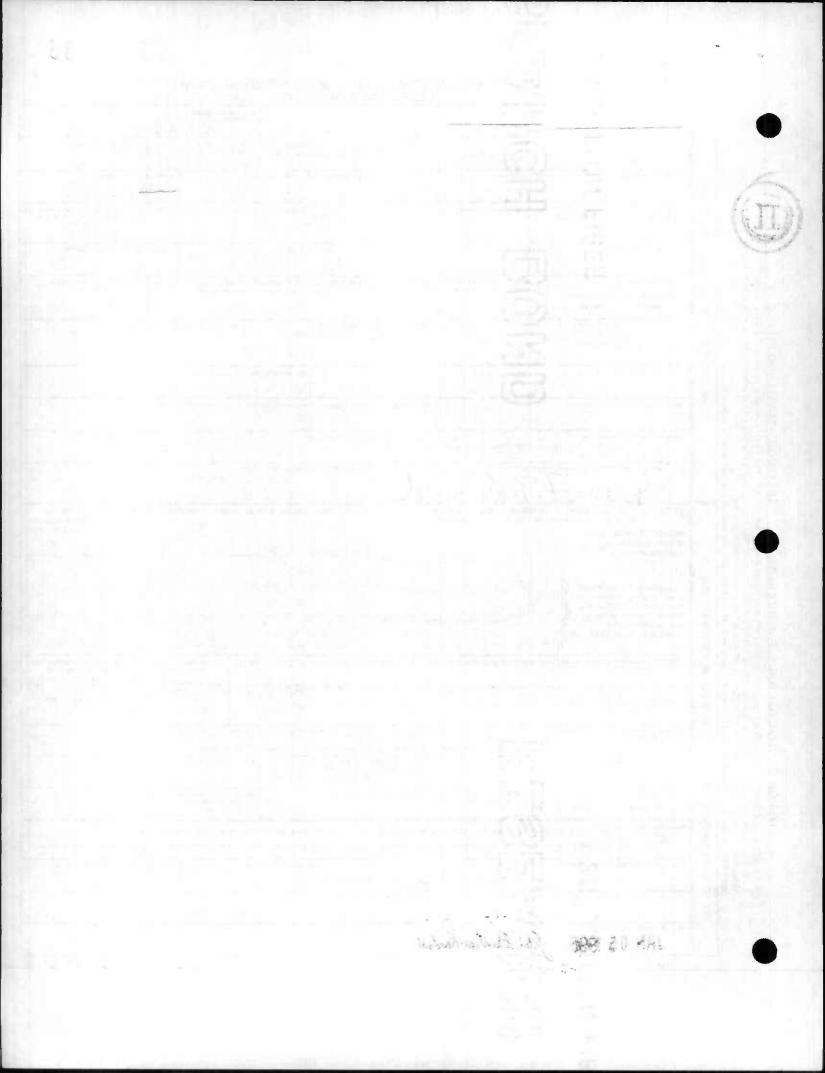
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Lost)	DOWLING.	ONNOLEE HEL	EN DOWLING	2. DATE OF DEATH DAY	2 95 3. TIME OF DEATH					
	12610 2217			UNDER t YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Per, Year) 05 02 08	BHTNPLACE (State or Foreign New York					
TOR	90. FACILITY NAME (If not institution, give of ANNLAYUNG) RESIDENCE OF DECEDENT	el Wedic	al Cent &	AMAZOLIS	PC PC	ANNE ARUNDEL					
DIRECTOR	Maryland Anne	Arundel	10c. CITY, TO	own or location Severn	a Park	10d. INSIDE CITY LIMITS? 1 YES 2 NO					
ERAL	710 Ticonderoga	Avenue		101. ZIP CODE 2114		USA					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF NISPAI If yes, specify Cuben, Mexics 1 YES 2 NO Specify	n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White					
COMPLETED	16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION (Give kind of work done during most of working the Decretary/Bookkeepe:									
COM	17. FATHER'S NAME (First, Middle, Lest) Earl J. Ha	mil		-	ME (First, Middle, Maiden Surne Bertha Loui	eme)					
TO BE	190. INFORMANT'S NAME (Type/Print) Sheila M. O'Neil		196. MAILING AD 468 CO1	press (Street and Number of Flural Court Se	Route Number, City or Town, Ste Everna Park,	ne, Zip Code) MD 21146					
	20a. METHOD of DISPOSITION 1	oval from State	b. PLACE AND DATE OF D metery, cranatory or other LTO CREMATO	ISPOSITION (Name of DIV, Inc. 01/0	1.	ON — City or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LI		McDonald	22. NAME AND ADDRESS OF FA Cremation Soc	iety of Md.,	Inc.					
CERTIFICATION	299 Frederick Rd. Baltimore, MD 21228 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abook, pr heert failure. List only one cause on each line. Approximate Interval Between Onset and Death of the conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that hallfuld sense) and the conditions of										
MEDICAL	PART II. Other algnificent condition	d	out not resulting in t	he underlying ceuse given in	Part I. 24s. WAS AN AUTO PERFORMED 1 YES 2 1	? AMAILABLE PRIOR TO COMPLETION OF CAUSE					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PLACE OF DEATH (CH	eck only one)						
BY	1 VES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 5 Could not be	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME O INJURY Y — At home, farm, street	M 1 YES 2 NO	264. DESCRIBE NOW INJUR	RY OCCURED					
COMPLETED	4 Nomicide determined 29e. CERTIFIER 1 CERTIFYING PNYS			t the time, date and place, and due	City or Town, State)	as stated					
	oon! —	ER: On the basis of examination		n my opinion, death occured at the	time, date and place, end du	e to the ceuse(e) end manner es stated.					
TO BE	andas	000	4.0	29c. LICENSE NUI	29c	d. DATE SIGNED (Month, Day, Year)					
	Michele SA	O COMPLETED CAUSE OF DE	SORDOA	1 205 Ride	sely Are	Anna 21401					
	31. DATE FILED (Morth, Day, Year) JAN 05 1996	Jan Diwalan	ardall								





TO BE COMPLETED BY FUNERAL DIRECTOR

		FOR
4		STATE
- 8	-	

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND CATE OF DEATH		AL HYGIEN REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last) AUGUST	ADOLPH -	Λ	DAVIS	2. DAT		190	95 11:50P
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR IF UNDER 24 H	RS. 7. DAT	E OF BIRTN nth, Day, Year)	19.	8. BIRTNPLACE (State or Foreign Country)
217-14-5420 90. FACILITY NAME (If not institution, give s	1 💢 M 2 🗆 F	8U YRS.		Dec	7, 19	914	Maryland
SINAI HOSPI		,	BALTIMORE			9c. COUN	TY OF DEATH
RESIDENCE OF DECEDENT						L	
Maryland		10c. CITY, 1	Baltimore C	ity			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	Hillenwood		101. ZIP CODE	21239		Uni	ted States
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— Black, White, etc.) 1 YES 2 XNO Specify: White, etc.							Specific
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of work	BUAL OCCUPATION k done during most of working belied.)	16	Sb. KIND OF BUS	INESS/IND	JSTRY
Elementary/Secondary (0-12)	College (1-4 or 5+)		lator		Stand	dard	Oil Co.
17. FATHER'S NAME (First, Middle, Last) AL	ugust A. Davi	is			ia Ryar		
Agnes M. Davis			DORESS (Street and Number or F Hillenwood R				
20e. METHOD OF DISPOSITION 1 □ Buriel 2 ☑ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	ovel from State 20b	PLACEAND DATE OF I	rylace) CVICE Corp. 1	/5/95	TE 20c. LO	WSON	Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC		Knight Jr	22. NAME AND ADDRESS O				Ruck, Inc.
Milton	Knight		5305 Harfor	d Road	d Balt	imore	e, Md. 21214
23. PART I. Enter the diseases or of shock, or heart failure.	complications that cause List only one cause on e	the death. Do not ach ilne.	enter the mode of dying,	such as ca	rdiac or respi	ratory arre	est, Approximata Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)		DNJ URLIT))		<u>.</u>		Onset and Death
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	Sequentially list conditions, DIE TO OR AS A CONSEQUENCE OF						
CAUSE (Disease or injury							•
that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
that initieted events resulting in death) LAST	d		the underlying ceuse give	n in Pert i.	24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
that initieted events	d		the underlying ceuse give	n in Pert i.	24s. WAS AN PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
that initieted events resulting in death) LAST	d. s contributing to deeth b	ut not resulting in t	the underlying ceuse give		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
that initiated events resulting in death) LAST PART II. Other significant condition	s contributing to deeth b RIBUTE TO CAUSE O	out not resulting in to	NO UNCER	IAIN 🗆	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	DEATH YES 26. PLACE OF DEATN (Deticint 3 DOA 4	I NO UNCER	FAIN _	PERFOR	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant condition DID TOBACCO USE CONTI	RIBUTE TO CAUSE O HOSPITAL: 1 Anpatient 2 ER/Outp (Month, Day, Year) 1 2 2 G(PERMIT TO THE PROPERTY OF DEATH YES 26. PLACE OF DEATH (26b. TIME OF INJURY (6) (6) (7)	INO UNCER (Check only one) ITHER: Nursing Nome 5 Reside OF 28c. INJURY AT WORK? M 1 YES 2 NC	TAIN D	PERFOR 1 VES 2	MED? NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	RIBUTE TO CAUSE O	PEDEATH YES 26. PLACE OF DEATN (Outlent 3 DOA 4 26b. TIME 0 INJURY Al home, farm, streethy)	INO UNCER (Check only one) ITHER: Nursing Nome 5 Reside OF 28c. INJURY AT WORK? M 1 YES 2 NC	TAIN	PERFOR	MED? NO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
That initieted events resulting in dasth) LAST PART II. Other significant condition DID TOBACCO USE CONTINE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be delermined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	RIBUTE TO CAUSE O HOSPITAL: 1 Anpatient 2 ER/Outp 26e. DATE OF INJURY (Month, Day, Year) 1 2 2 (1) 26e. PLACE OF INJURY building, arc. (Spec	DEPTH YES 26. PLACE OF DEATH Dettert 3 DOA 4 26b. TIME O INJURE Al home, farm, streethy) Ledge, death occurred a	INO UNCER (Check only one) ITHER: Nursing Nome 5 Reside OF WORK? M 1 YES 2 NO et, factory, office at the time, date end place, end	TAIN Date of the color of the c	PERFOR 1 YES 2 Her (Specify) ESCRIBE HOW IN CATION (Street at yor Town, Stete) VO BULK Here (Specify) Busse(a) and man	MED? NO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED WAR NO PRIOR FOUND NUMBER, N Rural Floure Number, N KALMANS MP
That initieted events resulting in dasth) LAST PART II. Other significant condition DID TOBACCO USE CONTINE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be delermined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	BRIBUTE TO CAUSE O HOSPITAL: 1 Anpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 1 2 2 6 (1) 28e. PLACE OF INJURY building, stc. (Spechaller) CIAN: To the best of my knowle	DEPTH YES 26. PLACE OF DEATH Dettert 3 DOA 4 26b. TIME O INJURE Al home, farm, streethy) Ledge, death occurred a	INO UNCER (Check only one) ITHER: Nursing Nome 5 Reside OF 28c. INJURY AT WORK? M 1 YES 2 No et, factory, office at the time, date end place, end in my opinion, death occured a	TAIN Date of the control of the time, det	PERFOR 1 YES 2 Her (Specify) ESCRIBE HOW IN CATION (Street at yor Town, Stete) VO BULK Here (Specify) Busse(a) and man	MED? NO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED WAR PARTIES AND AND AND AND AND AND AND AND AND AND
PART II. Other significant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be delermined 4 Homicide delermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	RIBUTE TO CAUSE O HOSPITAL: Month, Day, Year, 2	PERMANENT STEELING IN THE CONTROL OF	INO UNCER (Check only one) IT HER: Nursing Nome 5 Reside OF 28c. INJURY AT WORK? 1 YES 2 NC et, factory, office It the time, date end place, end in my opinion, death occured at 29c. LICENSE O C C	TAIN Date of the control of the time, det	PERFOR 1 YES 2 Her (Specify) ESCRIBE HOW IN CATION (Street at yor Town, Stete) VO BULK Here (Specify) Busse(a) and man	MED? NO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED WAR PARTIES AND AND AND AND AND AND AND AND AND AND

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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DIVISION OF VITAL BECORDS DO BOX 68760

DALIMONE, MANTLAND 21215-0020	The law requires that the death certificate be executed withing after death. Page 6 may be retained by the hospital or attending physician.	provide the strength of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1, 2, 3 should	when the Same Dept. of Mealth and Mental Hygiene prior to burial, cremation, or removal.	med, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OLIVE RECOR	Days PHIRICIAN The law requires that	A All A Secretificate has been signed b	death was the State Dept. of Health ar	is prefet or item 23 shows any
1	TO THE HOSPITAL OF THE	TO THE FUNEHAL DIFFETOR	be filed within 72 hournatte	IMPORTANT: If Item 25

31. DATE FILED (MONIN, Day, Your JAN 0 5 1995

											70	0 (
	FOR STATE REGISTRAR	STATE OF N	MARYLAND /				IEALTH DEAT		MENTAL	HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATN		VEAR	3. TIME OF DEATN
	STANLEY J. DAY	NSON							MONTH 1	1	19	95	м
	4. SOCIAL SECURITY NUMBER 213-12-8721	5. SEX	6. AGE (In yrs. les 74	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.		O 19:	920 S. BIR		PLACE (State or Foreign
Ë	9a. FACILITY NAME (If not institution, give str 4408 Norfolk		9b. CITY, TOWN OR LOCATION OF D Res.) Baltimore					EATN 9c. COUNTY OF DEATH					
5	RESIDENCE OF DECEDENT												
DIRECTOR	10a. STATE 10b. COUNTY Maryland			10c. CIT	у, тоwn с Ва:		LIMI					10d. INSIDE CITY LIMITS? 1 KES 2 NO	
AL	10e. STREET AND NUMBER	STREET AND NUMBER 10f. ZIP CODE									10g. CIT	IZEN OF Y	VHAT COUNTRY?
Ë	4408 Norfolk 1	Avenue					212	216				USA	
BY FUNERAL							ENDENT Of Cubar 2 NO	n, Mexica	n, Puerto R	? (Specify Yea licen, etc.)	or No-	14. RACE Black Speci	— American Indian, t, White, atc.
ED	15. DECEDENT'S EDUC	ATION	16a DE	CEDENT'S	USUAL O	CCUPATIO	NA.		146	KIND OF BUS	INCOC/IN	NIETOV	Black
COMPLETE	(Specify only highest grade of Elementary/Secondary (0-t2)		(Gi	ive kind of a Do NOT us	work done e	during mo	st of working	g		J.S.			fice
OM	17. FATHER'S NAME (First, Middle, Last)							IER'S NA	MF /First A	liddle, Maiden	Sumamal		
BEC	Amos Dawson									Dunc			
TO B	19a. INFORMANT'S NAME (Type/Print)		t91	. MAILING	ADDRESS	(Street a	nd Number	or Rural F	Route Numb	er, City or Town	, State, Zip	Code)	
F	Virginia Dawso	n	4	408	Nor	fo1	k Av	renu	ie 1	Balti	more	, M	d. 21216
20e. METNOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Ramoval from Stata 20b. PLACE AND DATE Of DISPOSITION (Name of 1/5/95 DATE cagnetes). regretory or other place)									wn, Stata Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	ett		L	ERO		DY	ETT	& SO	N FU	JNER	AL HOME E 21207
	23. PAM 1. Firer the disease, or contact failure. I immediate CAUSE (Finel disease or condition recuiting in death)	LAR	eused the de on each lina	A	not enter	the mo	de of dyli	ng, sucl	h as card	iac or reepid	atory an	rest,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		(OR AS A CONSEC		,								
T	PART II. Other eignificant conditione	contributing to	death but not r	esulting	In the un	derlying	g cause g	lven in	Pert I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
2									_	PERFORI			AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME											~		1 YES 2 NO
ż	DID TOBACCO USE CONTR	IBUTE TO CA	USE OF DEA	TH YE	S 🗆 t	10 E	UNC	ERTAIN	۱ 🗆 ۱				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEAT	TN (Check								
YSI	1 TYES 2 NO	1 Inpetient 2	ER/Outpatient 3	□ DOA	OTHER		6 5 KRas	sidence	6 🗆 Other	(Specify)			
AMILABLE PRIOR TO COMPLETION OF CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1													
	2 Accident investigation 3 Suicida 8 Could not be 4 Nomicide detarmined	28a. PLACE Of building,	F INJURY — At houst. (Specify)	me, farm, i	street, facto	ory, affici			281. LOCA City o	TION (Street as V Town, State)	nd Number	or Rurel A	oute Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PNYSIC (Check only one) 2 MEDICAL EXAMINER												and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIED	only	Du	ر ا			29c. LICE	NSE NUM	BER		29d. DAT	SIGNED	(Month, Day, Year)
2	30, AIAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	C OF DEATH STOR	A ATD /T	0.14				+-				

305 BALTIMORE

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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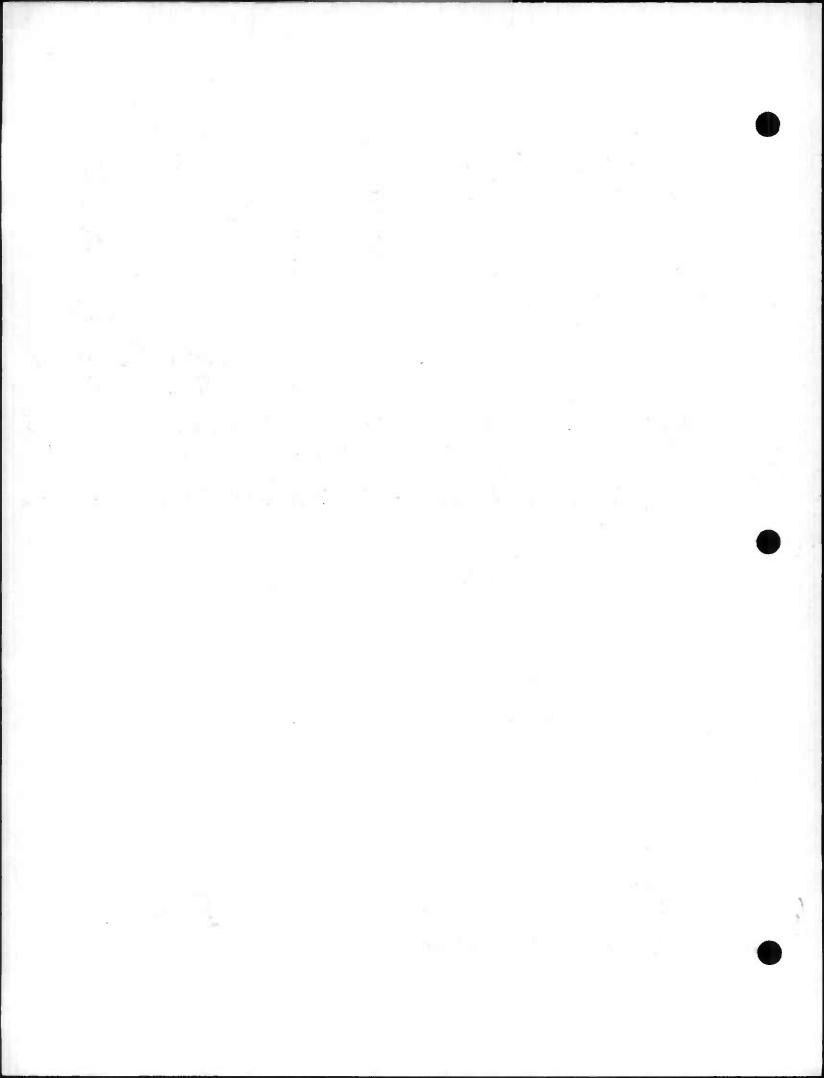
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and relative death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF H CERTIFICATE OF	IEALTH AND MENTAL HYGIENE DEATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	LIAME G-	2. DATE OF DEATH MONTH / DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS. 7. DATE OF BIRTH	8. BIRTHPLACE (State, or Foreign
	2.18-26-5011	1 D M 2 D F 62 YRS. MONTHS DAYS	HOURS MM. 4 20-36	Maryland
H.	Sa. FACILITY NAME (It not institution, give s	treet and number 96. CITY, TOWN O		COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	Y 10c. CITY, TOWN OR LOCAT	rimore	
DIR	Maryland	Baltin	iore	10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO
RAL	100. STREET AND NUMBER	Ciald Ava 101	2. ZIP CODE 10g	CITIZEN OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DEC FORCES? 1 VES 2 NO If yes, and	ENDENT OF HISPANIC ORIGIN? (Specify Yes or No	0— 14. RACE — American Indian,
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced		ecify Cuban, Maxican, Puarto Rican, etc.) 2 (NO Specify:	Black, White, alc.
9	15. DECEDENT'S EDU (Specify only highest grade	(CATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during me	ON 16b. KIND OF BUSINES	S/INDUSTRY
PLET	Elementapy/Secondary (0-12)	College (1-4 or 5+) ROUTE	lesman Reer	Company
COMPL	17. FATHER'S NAME (First, Middle, Last)	71.0410 00	ta. MOTHER'S NAME (First, Middle, Maiden Surna	me)
BE	19e. INFORMANT'S NAME (Type/Print)	ans 19b. MAILING ADDRESS (Street A	LThe Slack and Number or Rural Route Number, City or Town, Stel	Stone
TO	Louis J. Eva	ns Ir. 14400 Penl	nurst Ave. Bal	to. Md. 21215
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stale 20b. PLACE AND DATE OF DISPOSITION (Na ceptietary, crematory or other place)	TOST 1/9/94 PO	N — City or Town, State
	21. SIGNATONE OF FUNERAL SERVICE LI	Delpt (Mary 1997)	NO ADDRESS OF FACILITY Oh L RUSS Fune	ral Home
\perp	Joseph	2. Kuss 222	2 W. North Ave.	Balto, Md. 2121A
	shock, of heart fallure.	complications that caused the death. Do not enter the mo List only one cause on each line.	de of dying, such as cardiac or reapirator	interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in desth)	· Lune Canera		Onset and Death
_		DUE TO (OF) AS A CONSEQUENCE OF):	Facher	
TION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):	facture	
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS A CONSEQUENCE OF):		
CERTIFICATION	resulting in death) LAST	d		
A.	PART II. Other algorificant condition	s contributing to death but not resulting in the underlying	g cause given in Part I. 24a. WAS AN AUTO PERFORMED?	
MEDIC	Diabetes M	Mitin, Syperterior	1 TES 2 N	O COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE	CONTRIBUTE TO CAUSE OF DEATH Y	ES NO	1 - YES 2 11-MO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: OTHER:	ACE OF DEATH (Check only one)	
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF INJURY 28b. TIME OF 28c. INJ	e 5 Residence 6 Other (Specify) URY AT 26d. DESCRIBE HOW INJURY RK?	Y OCCURED
ВУ	2 Accident 5 Pending Investigation	M 1 - 1	YES 2 NO	
크	3 Suicide a Could not be 4 Homicide determined	28a. PLACE OF INJURY — At home, farm, atrsel, lactory, office building, atc. (Specify)	a 28f. LOCATION (Street and Nu City or Town, State)	imber or Rural Route Number,
COMPLET		ICIAN: To the best of my knowledge, death occurred at the time, data		
SON		R: On the basis of axamination and/or investigation, in my opinion, d		
BE	296 STONATURE AND VITLE OF CERTIFIE	W.	29c. LICENSE NUMBER LUCO 179	DATE SIGNED (Month, Day, Year)
일	30 NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	C P 10 ;	10
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	e St. , Ballo -, 1	11) 21201
	JAN 0 5 1995	Juli Studior Rodall		



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DIVISION OF VITAL RECORDS, P.O. BOX 68760	THINGS DUNCTOTAL The less consises the decelerated the decelerated the
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permit. Pages 1, 2, 3 should hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the tuneral director, page 5 should be detached for use as the burial-transit notified at once. pe must t item 23 shows any injury, or other traumatic event, the medical examiner and completely filled in by the or removal. cremation, sen signed by the attending physician and con of Health and Mental Hygiene prior to burial, certificate has be the State Dept. 28 is marked, or

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Greorge Eidman 95 V JR 9:39 02 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) B. BIRTHPLACE (State or Foreign Country) 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 24 HRS 30 MONTHS DAYS HOURS 60 1 M 2 - F YRS. 10 0 9a. FACILITY NAME (If not institution, give street and no 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Mercy Medical DIRECTOR 10R RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYAND 100. STREET AND NUMBER MORE 1 F YES 2 NO FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 12 12 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yolf yes, specify Cuben, Maxican, Puerto Bican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Merried BY 1 TYES 2 B NO Specify 3 Widowed 4 Divorced KOREA ETED. 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compi Elementary/Secondary (0-12) College (1-4 or 5+) BURNER COMPL 17. FATHER'S NAME (First, Middle, Last) FORGE 19a. INFORMANT'S NAME (Type/Print) 2 RV JANE 20s. METHOD OF DISPOSITION
1 Description 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Aven 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. Liet only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Finel Onset and Daath disease or condition reaulting in death) Septic shock 3 days DUE TO (OR AS A CONSEQUENCE OF): liver cirrhosis CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate alcoholis m Hears Cause Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS insufficiency AVAILABLE PRIOR TO chronic rena COMPLETION DF CAUSE 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO LA UNCERTAIN I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 X Inpetient 2 ER/Outpetient 3 DOA EXAMINER? OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED t Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

PO 8180



After the death

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COMPLETED

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Lim MD

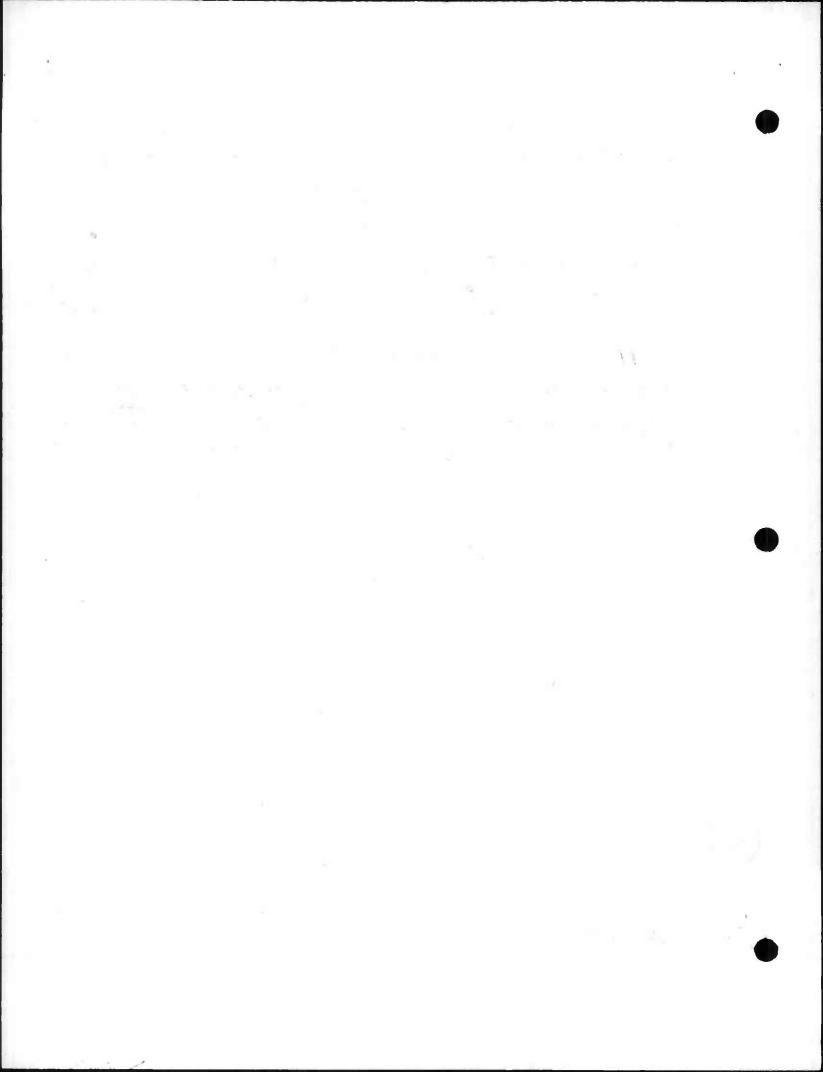
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
Philip Lim, MD Mercy Medical Center

July 32.78500 tang Kangluth

29d. DATE SIGNED (Month, Day, Year)

DO1/02/95

301 St. Paul Place, Baltimore,



AAM

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR ROBERT IV FISHER JAN.02 PM 1995 21:55 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS 218-96-2093 29 DAYS HOURE MIN 1 X M 2 | F YRS 1965 Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNIVERSITY HOSPITAL ER BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY RE Baltimore MD BALTO 1 YES 2 NO permit. FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7416 REMOUR RD burial-transit 21207 U.S.A. Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cubar
1 YES 2 NO Specify: BLACK Specify BY 3 Widowed 4 Divorced signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the Health and Mental Hygiene prior to burial, cremation, or removal. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high H Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12TH UNKNOWN 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) notified at ROBERT FISHER JR. BARBARA JEAN COOPER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 9 7416 REMOUR RD BALTO, MD 21207 &BARABARA ROBERT FISHER 99 20a. METHOD OF DISPOSITION 10b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must 1 🕅 Burial 2 Cremation 3 Camoval from State WOODE'AWN" CEMETERY 1795 WOODLAWN MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY hours after death. trone MARCH F/H-WEST 4300 WABASH AVE my Sm. medical 23. PART | Enter the diseases, or complications that caused the dasth. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate shock, or haart fallure. List only one cause on each line. Interval Between IMMEDIANE CAUSE (Final Onset and Death the of Chast disesse or condition_ Stub wound reaulting in death) event, requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68769 OUE TO (OR AS A CONSEQUENCE OF): other traumatic CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF) if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in dasth) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS any PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO has been a DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) ATTENDING PHYSICIAN: The r this certificate h HOSPITAL: 1 X YES 2 NO 1 Inpetient 2 TER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 10 27. MANNER OF OEATH 269. DATE OF INJURY (Month, Day, Year) 1 - 2 -9.5 26b. TIME OF INJURY 26c. INJURY AT WORK? 26d. OEŞCRIBE HOW INJURY OCCURED Is marked, 1 Natural 5 Pending 2130 M Subject 1 YES 2 NO 8 5/26bed After t 2 Accident Investigation 28s. PLACE OF INJURY — At home, ferm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, 6 Could not be determined DIRECTOR: A hours after d item 28 is COMPLETED Homicide Road van North Bellman TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTL be filed within 72 hours at IMPORTANT; If Item 2: BUK ave 29a, CERTIFIER 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as attated. 2 MEDICAL EXAMINER: On the be ntination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE OCME JAN.03,1995 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) anter 111 Penn Street, Baltimore, Maryland 21201 REGISTRARIE SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BALTIMORE, MARYLAND 21215-0020

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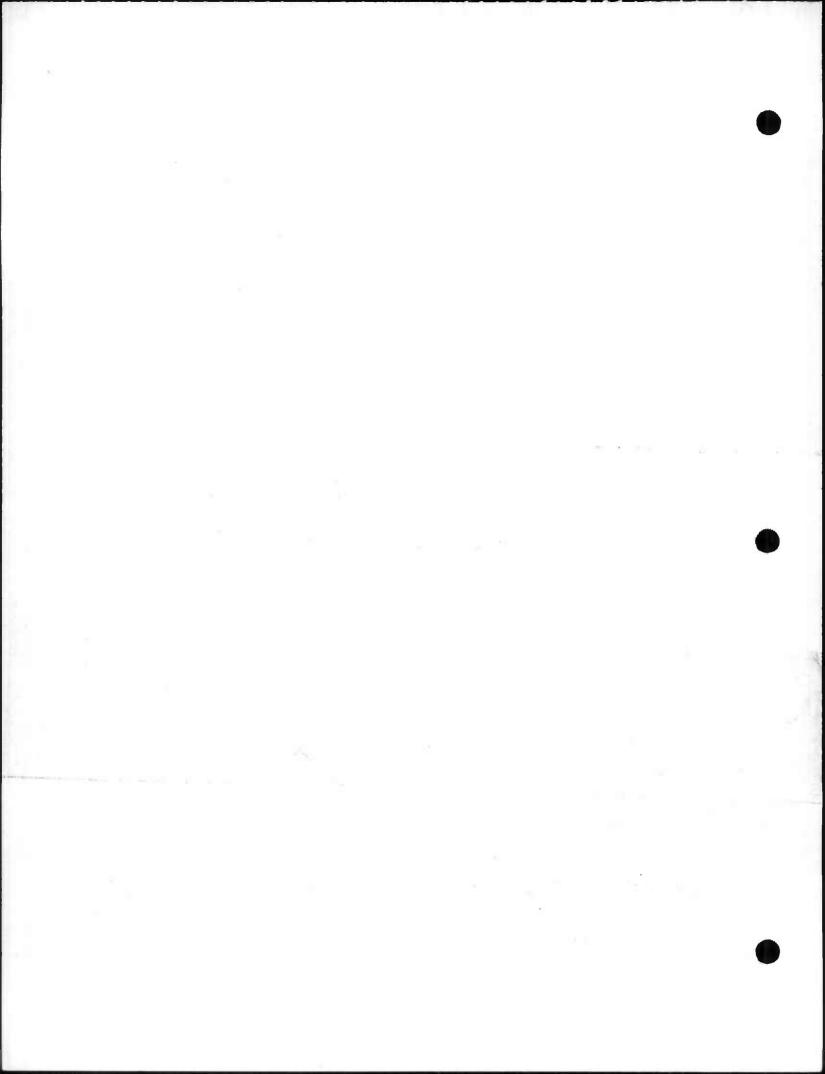
DIVISION OF VITAL RECORDS, P.O. BOX 68760

permit, the funeral director, page 5 should be detached for use as the burial-transit Page 6 may be retained by the hospital or attending physician. hours after death. this certificate has been signed by the attending physician and completely filled in by with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo OR ATTENDING PHYSICIAN: The law DIRECTOR: After the hours after death was FUNERAL I HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH Ernest Μ. Frierson

1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1995 Jan 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) JAN. 17, 1919 CAROLINA DAYS HOURS 189-16-2643 1 X M 2 - F 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH 1625 F. 33 RD STREET BALTIMORE CITY n/a RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND n/a BALTIMORE 1 YES 2 NO 10a STREET AND NUMBER 101 ZIP COOF 10g, CITIZEN OF WHAT COUNTRY? 1625 Ε. 33RD 21218 UNITED STATES STREET 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 (10) Specify: 1 Never Married 2 Married Specify: BLACK 3√√ Widowed 4 □ Divorced ARMY 18a. DECEOENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) LABORER BETHLEHEM STEEL YARD 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) FRIERSON BENJAMIN **ISABEL** GIBBS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **ERNA** FRIERSON 1625 33 RD STREET, BALTIMORE, MARYLAND# 18 20e. METHOD OF DISPOSITION
1X X Suriel 2 Cremetion 3 Removal from State
4 Donation 8 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE GARRISON FÖREST VA CEMETERY 1-5-OWINGS MILLS, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H East 1101 E. North North Avenue Balto, Md 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate shock, or haart fallure. List only one cause on each line. intervai Between **IMMEDIATE CAUSE (Final** Onset and Death Prostate disease or condition resulting in death) Sequentially list conditiona, DUE TO JOW AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO JOR AS A CONSEQUENCE OF that initiated events reaulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? OF OFATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 Tyes 1 Inpetient 2 ER/Outpetient 3 DOA Residence 8 - Other (Specify) MANNER OF DERIN 28e. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY Natural 1 YES 2 NO Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner se stated. of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. LICENSE NUMBER 29d. BATE SANED/(Month, Day, Year) CAUSE OF OEATH (ITEM 27) (Type, Print 5 1995



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	tuted within 24 hours after death, Page 6 may be retained by the hospital or attending physician,
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DIVISION OF VITAL RECORDS, P.O. BOX

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	TO THE HOCKING OF ATTLE DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Pag	TO THE FLINE COMPLET After this certificate has been signed by the attending physician and completely filled in by the funeral di		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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	100	SIN.	be filed within a marter death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal,	ANT
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95 00092 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH ELLA J. FLOCH Jan. 1995 8:50 A 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)
JULY 3, 220-22-9123 1 M 2 X F HOURS 91 YRS. MINNESOTA 1903 9s. FACILITY NAME (If not institution, give street end number, 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MERIDIAN-HAMMONDS LANE NURSING HOME DIRECTOR GLEN BURNIE ANNE ARUNDEL RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? FLORIDA ORLANDO 1 - YES 2 - NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4203 LAKE LOCKHART DRIVE 32810 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yee, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married 1 TES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced WHITE 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Ш Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 8THGRADE LANDLORD HOME RENTALS once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) Ħ FRANK KRICKLER ADA D. DUNNE notified 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. FLORINE WAGENER 1109 FURNACE ROAD - LINTHICUM, MD. 21090 must be 20s. METHOD OF DISPOSITION

t\(\times \) Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State ABOWATDGE MEMORIAL PARK 4 Donetion 5 Other (Specify) ELKRIDGE examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOM E, INC. 4107 WILKENS AVENUE-BALTIMORE, 140 21229 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximata ahock, or heart fallure. List only one the IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) other traumatic event. CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 6 injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL AVAILABLE PRIOR TO 23 shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 0 marked.

DID TOBACCO USE CONT	TRIBUTE TO CAUSE OF DEATH	YES 🗌 NO 🔲 UNCERTA								
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 24 NO	26. PLACE OF D HOSPITAL: 1 □ Inpetiant 2 □ ER/Outpatient 3 □ DOJ									
27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO	26d. OESCRIBE HOW INJURY OCCUREO							
3 Suicide 6 Could not be	28e. PLACE OF INJURY — At home, farm building, etc. (Specify)	m, street, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							

29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.

2 MEDICAL EXAMINER: On the basis of examination d/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(a) and manner as stated.

29b. SIGNATURE AND TITLE OF ENTRIFIER	29c. LICENSE NUMBER 0 -0094 - Mp	29d. DATE SIGNED (Month, Day, Year)
10. NAME AND ADDRESS OF PERSON WHO COMPLETED PLAUSE OF DEATH (ITEM 27) Grype, Print)	Burnie, and 1218	06/

CYN WOOd 32. REGISTRAR'S SONATURE 31. DATE FILED (Month, Day, Year) JAN 0 5 1995

29b. SIGNATURE AND TITLE OF CHEVIFIER

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAN) /	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
			C	ERTIFICATE	O	F DEAT	H		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR	RTMENT OF HEALTH /						
3	t. DECEDENT'S NAME (First, Middle, Last)	GREE	EN	2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH			
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH SOUNTY) SOUNTY								
OR	Se. FACILITY NAME (If not institution, give s Levindale	VS9. HOME	Baltimoi		9c. COUNTY OF				
DIRECTOR	100. STATE 106. COUNTY								
	100. STREET AND NUMBER	and Avenue	101. ZIP CODE	Λ7	10g. CITIZEN OF	t PYES 2 NO			
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? t YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben,	HISPANIC ORIGIN? (Specify Ye, Maxican, Puarto Rican, etc.)	es or No— t4. RAC Blec	E — American Indian, ik, White, atc.			
ED BY	3 Wildowed 4 Divorced	ICATION 16a, DECEDENT'S	S USUAL OCCUPATION	Specify:	ISINESS/INDUSTRY	ľacK			
COMPLETED	(Specify only highest grade	College (1-4 or 5+) (Gre kind of life. Do NOT of Steel College (1-4 or 5+)	work done during most of working use retired.) Worke	r Ste	el Pla	ant			
BE CO	17. FATNER'S NAME (First, Middle Last)	een	18. MOTNE Jai	net Gre	Sumame)				
5	Betty Pess	196. MAILIN 320	G APDRESS (Street and Number of	or Aural Route Number, City or To.	vn. State, Zip Code)	.21216			
	20e. METHOD OF DISPOSITION 1 Mariel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	20b. PLACE AND DATE cemelers cremeters or	of DISPOSITION (Name of pther pace)	1/5/95 L	aure	own, Stata			
	21. SIGNADATE OF FUNERAL SERVICE LIC	L. Russi	JOSEPH L	RUSS F	uneral	Home MJ 21216			
	shock, or Waert failure.	complications that caused the death. Do List only one cause on each line.	not enter the mode of dyin	g, auch as cerdiac or reap	piratory arrest,	Approximate interval Between Onset and Death			
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)		MINUTES						
NO	c. CARDIAC ARREST Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	C. DUE TO (OR AS A CONSEQUENCE C	OF):						
	PART II. Other eignificant condition	d	In the underlyler series of	non in Boot I. Law years	Auronau I au				
EDICAL		wra, tramia,	DEMBITAS,	ven in Part I. 24a. WAS AF PERFO	RMED?	o. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDICAL	1 YES 2 NO								
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2-10 NO	HOSPITAL: 1 1 Inpetient 2 ER/Outpetient 3 DOA	OTHER:	ATH (Check only one)					
	27. MANNER OF DEATN 1 Selectural 5 Pending	R OF DEATN 269. DATE OF INJURY (Month Day Year) (Month Day Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED INJURY							
ED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	Route Number,							
COMPLETED		ICIAN: To the best of my knowledge, death occur							
8	396 SIGNATURE AND TITLE OF CERTIFIER MUSHLEW K M		29c. LICEN	29c. LICENSE NUMBER 29d. DATE SIGNED Month, Day, Year, D45757					
2	MATHEW MENTAL	TO COMPLETED CAUSE OF DEATN (ITEM 27) (TOPA	e. Print)	DERE AVE	DACT	MOZRIST			
- 1	31. DATE FILER (MONTO 5 1995	132. REGISTRAB'S SIGNATURE			DACI	7,20			

U

MD 21215 Approximate interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

281. LOCATION (Street and Number or Rural Route Number, Cify or Town, State)

29d. DATE SIGNED (Month, Day, Year)

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REG. NO.

COMPLETED BY

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TO THE HOSPITAL OF TO THE FUNERAL OF BE filed within 72 BD IMPORTANT: II IN

2 Accident 3 Suicide

4 Homicide

(Check only one)

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year) JAN 0 5 1995

29e. CERTIFIER

DIVISION

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

determined

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

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32 REGISTRAR'S GNATURE

	1	1. DECEDENT'S NAME (First, Middle, Last)	GOLD.	sm i	TH			1-2	DATE OF DEATH		EAR 3.	1300
		4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. las	birthday) IF	UNDER 1 YEA	A IF UNDER	24 HBS 7 F	ATE OF BIRTH		1 - 1	ACE (State or Foreign
□ □		212-01-6524	1 M 2 XX	88		NTHS DAY		MIN. JU	Month, Day, Year) LY 24,19	906	Country)	YLAND
bloods		9a. FACILITY NAME (If not institution, give	street and number)		98	. CITY, TOW	N OR LOCATIO	ON OF DEATH	_	9c. COUNTY	OF DEAT	тн
က	0	SINAI HOSPITAL				BA	LTIMOR	RE				
-	5	RESIDENCE OF DECEDENT										
permit. Pages 1, 2, 3	DIRECTOR	MARYLAND 10b. COUNT	Y		10c. CITY, T	OWN OR LO						INSIDE CITY LIMITS? X YES 2 NO
im.		10e. STREET AND NUMBER				I	101. ZIP CODE	E .		100 CITIZEN		T COUNTRY?
is:	FUNERAL	2811-C DAMASCUS (COURT				21	209			USA	
:1215-0020 or attending physician. r use as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			DECENDENT Of specify Cuba	n, Maxican, Pu	RIGIN? (Specify Yea arto Rican, atc.)	Yes or No— 14. RACE — American Indianal Black, White, etc. Specify:		American Indian, filts, atc. WHITE
21215 all or attend for use as	E	15. DECEDENT'S EDU (Specify only highest grade	JCATION completed)	18a. DE	CEDENT'S USI	JAL OCCUP	ATION most of workin		16b. KIND OF BUS	SINESS/INDUS	TRY	
CA 4 5	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe.	Do NOT use re	tired.)	THOSE OF WORKE	7	MUOI E	יארם די	TOUG	n
AND the hospit detached	∑	17. FATHER'S NAME (First, Middle, Last)		L	CORRE	SPER	10 00076	HED'O NAME /	WHOLES		LOUOI	Χ
H Y Bd Dd bd bd bd bd bd bd bd bd bd bd bd bd bd	i m	AARON		TC	KAR		I III. MOT	VER		<i>Surrame)</i>	CH.	ANE
	80	19a. INFORMANT'S NAME (Type/Print)				DRESS (Stre	et and Number		Number, City or Town	n, State, Zip Co		AINE
2 5 10		MR. JULIAN	MIDEN						ALTIMORE			R
FORE, I e 6 may be ector, page		20a_METHOD OF DISPOSITION 1, T. Burlel 2	noval from State	cemetery, cres	ND DATE OF Strategy or other	ISPOSITION place)				CATION — City	or Town,	
BALTIMOR after death. Page 6 ma y the funeral director, p moval.		21. SIGNATURE OF FUNERAL SERVICE LI	2			SOL	LEVIN	ISON &	BROS.,]	INC.	MODE	, MD 212
ours filled in b nation, or ren		23. PART / Entar/tha diseases, or shook, or hasrt fallers iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. RESP			antar tha	moda of dyi	ing, such as	cardiac or respi	ratory arrest	,	Approximate interval Betwee Onset and Dec
DX 68 be executed and ior to bur	SI 1	Sequentially list conditions, if sny, lasding to immedista csuse. Enter UNDERLYING		EU N		IA						
ORDS, P.O. B start the death certificate led by the attending physith and Mental Hygiene p any Injury, or other	RTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO (OR	AS A CONSEO	UENCE OF):							
	OICAL	PART II. Other significant condition	ns contributing to das	th but not n	eaulting in t	ha undari	ring cause g	given in Part	i. 24a. WAS AN PERFOR	MED?	CO	ERE AUTOPSY FINDING AILABLE PRIOR TO DMPLETION OF CAUSE DEATH?
The red		DID TOBACCO USE CONT	DIRLITE TO CAUS	E OE DE AT	IN VEC			EDTAIN!	<i>x</i>		1[YES 2 NO
AL RE law require law required begin of a sale law required begin of a sale law required begins	AN	25. WAS CASE REFERRED TO MEDICAL	LIBUIL IO CAUS		E OF DEATH			EKIAIN 12				
F 2 2 2	1 (0) 1	EXAMINER?	HOSPITAL:		0	THER:		aldence 6 🗆	Other (Specific)			
OF VI-		27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJU (Month, Day, Ye	JRY	28b. TIME OF	28c.	INJURY AT WORK?		DESCRIBE HOW II	NJURY OCCUR	ED	

28a. PLACE OF INJURY — At homa, farm, street, factory, office building, atc. (Specify)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

Rosident Physician

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

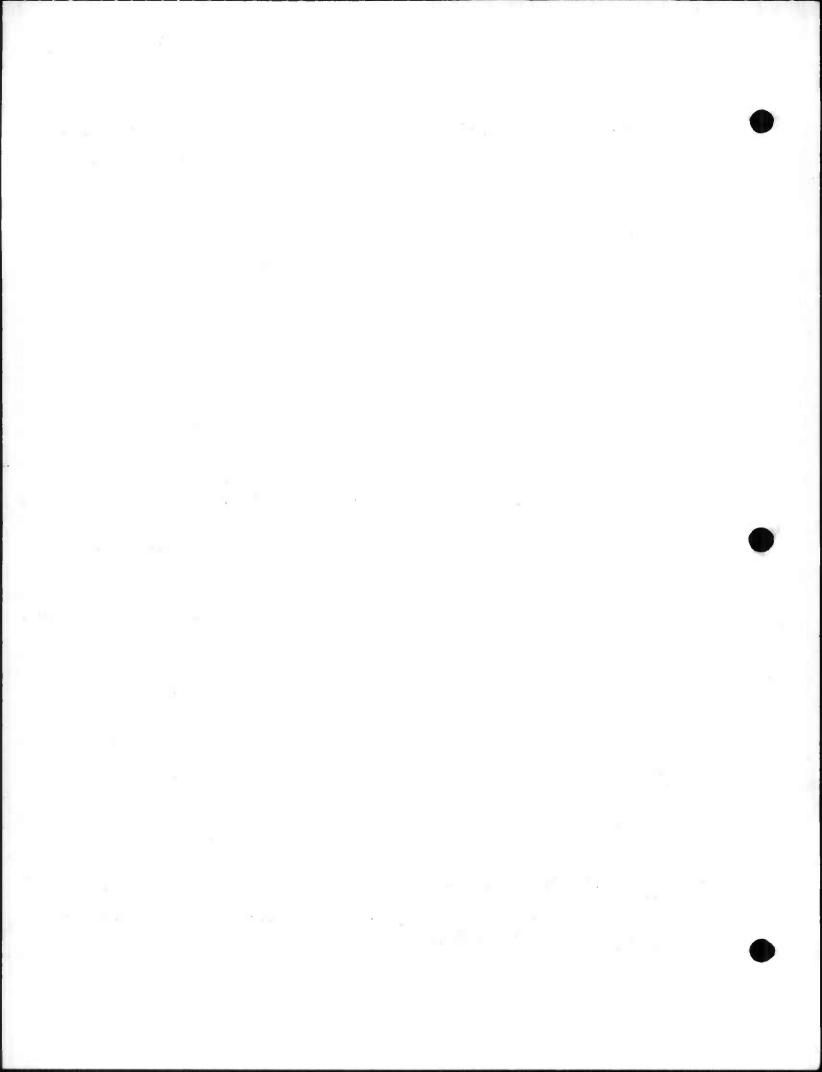
1 YES 2 NO

29c. LICENSE NUMBER

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated,

DHMH-18 Rev 1/89

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ALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	2
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

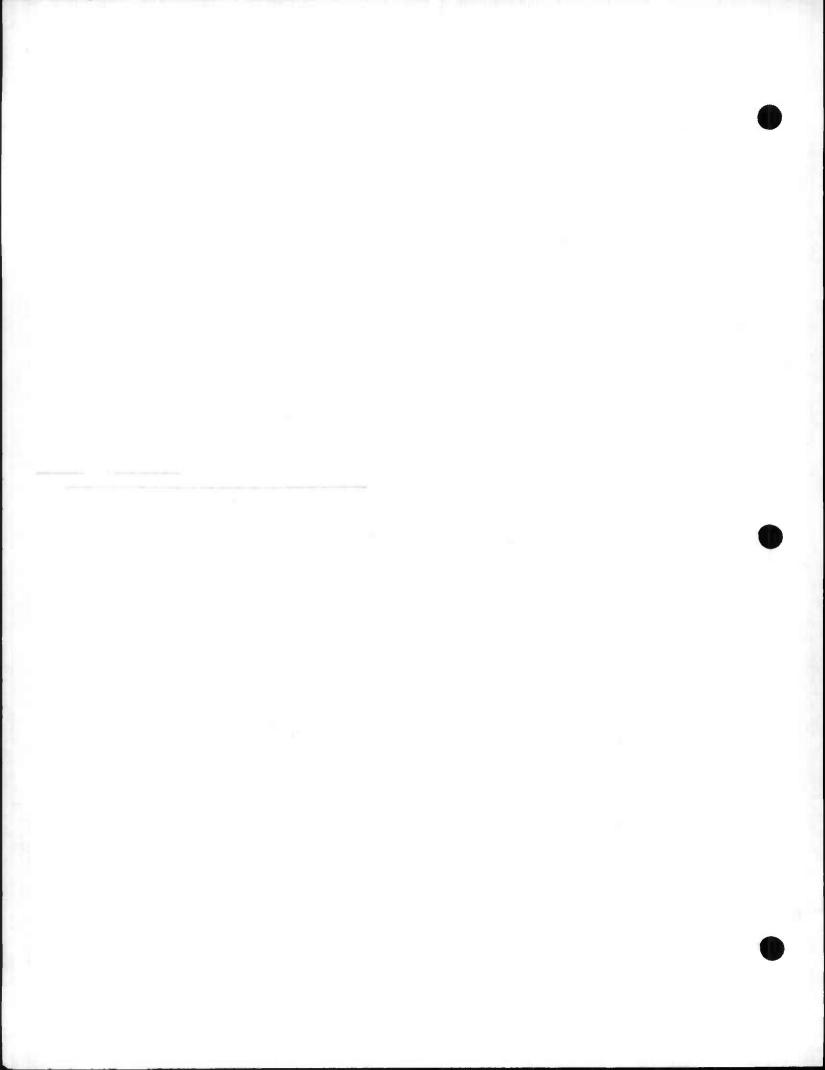
Item#19a Per F.H. Film#719)1/05/95 R.M. 1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

_					CAIL	_ OF	DEATH	REG. NO.			
į	1. DECEDENT'S NAME (First, Middle, Last) MARTIN	GOODMAN			JANUARY 3,1995 2. DATE OF DEATH DAY JANUARY 3,1995 3. TIME OF DEATH 9:43 PM			3. TIME OF DEATH			
1	4. SOCIAL SECURITY NUMBER	5. SEX		GE (In yrs. last birthday)		1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			IPLACE (State or Foreign
ĺ	217-20-1671	1 🗆 M 2 🗆 F	86 YRS.		MONTHS	DAYS	HOURS MIN.	OCT. 8,190	Country)		ÏO
œ	9e. FACILITY NAME (If not institution, give	street and number)		ı	96. CITY,	TOWN C	OR LOCATION OF D	EATH		NTY OF D	
CTO	MILFORD MANOR NURSING HOME					LTIN				BALT	IMORE
DIRECTOR	MARYLAND 10b. COUNT	BALTI	MORE	10c. CITY	BAL	TIMO					10d. INSIDE CITY LIMITS? 1 YES 2 NO
Z	10e. STREET AND NUMBER					101	. ZIP CODE		10g. CITI	ZEN OF W	VNAT COUNTRY?
FUNERAL	7201 VALLEY COL						21208			USA	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AF	NO	13. V	MAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No-	14, RACE Black	- American Indian, t, White, etc.
B	3 XWidowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1	☐ YES	2 NO Speci	у:		Speci	
	15. DECEDENT'S EDI (Specify only highest grad		18a. Di	ECEDENT'S	USUAL OC	CUPATIO	ON st of working	16b. KIND OF BUS	SINESS/INC	USTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+) life	RETAI	retired.)			USEI	FUR	NITU	RE
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	_	1
BE C	RALPH	G	OODMAN				IDA		CC	LLIN	IS /
5	190. INFORMANT'S NAME (Type/Print) IRVIN KRVIN FISHBEIN,	ATTY.						Acute Number, City or Town SUITE 22 E	n, State, Zip B ALT O		D 21208
	20e METHOD OF DISPOSITION 1 Description METHOD OF DISPOSITION Ren 4 Donation 5 Other (Specify)	_	20b. PLACE	ANDDATEO	FDISPOSI	ITION (Na	me of		CATION —		wn, State
	21. SIGNATURE OF FUNERAL SERVICE L	SENSES /	1		22. 1	NAME AN	ID ADORESS OF FA	CILITY			
	· Statt	Mr Cis	tten					& BROS., II		MODE	E, MD 21215
	23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	coused the deseron each line	ailm	ot entar	tha mo	de of dylng, suc	h as cerdiec or reapl	ratory srr	est,	Approximata Interval Between Onset and Death
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CERTIFI	CAUSE (Disesse or injury that initieted events resulting in deeth) LAST	d.	OR AS A CONSE	OUENCE OF):						
	PART ii. Other significent condition	ns contributing to	death but not i	reculting in	the un	deriying	ceuse given in			24b.	WERE AUTOPSY FINDINGS
EDICA								PERFOR 1 YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME									-		OF DEATH?
	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEA	TH YE	S 🗆 N	10 🗆	UNCERTAI	N 🗆			
SICIAN:	25. WAS CASE REFERRED DO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	CE OF OEAT							
2	1 TYES 2 THO	1 Inpatient 2	ER/Outpatient 3		OTHER 1 Nurs		5 Residence	6 Other (Specify)			
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, Da		28b. TIME INJU		26c. INJI WO 1 Y	RK?	26d. DESCRIBE HOW IN	JURY OCC	CURED	
EU B	2 PLACE OF INJURY At home form street fee							281. LOCATION (Street a City or Town, State)	nd Number	or Rural A	oute Number,
-	29a. CERTIFIER (Check only 1 CHRIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
COMPLETED								to the cause(s) and man time, data and place, and			and manner as stated.
4	296. SIGNATURE AND TITLE OF CERTIFIE	N COo	DW	,			29c. LICENSE NU	1034	29d. OATI	E SIGNEO	(Mghth, De Year)
2	JO. NAME AND ADDRESS OF PERSON WITH	O COMPLETED CAUS	E OF DEATH (ITE	100	_	nd	Cobut 6	load G. A	201	Las	all free No
	31. DATE FILED (Maril Pey, 16er) 199	5 32. REGISTRA	SIGNATURE	ardell				7,000			21133

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FOR 1 STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HY	GIENE
REGISTRAR	CERTIFICATE OF DEATH REG	G. NO.

_	REGISTRAR			EKIII	CATE	UF	DEA	П	F	REG. NO.			
	DECEDENT'S NAME (First, Middle, Last)	AUDRE	EY Agnes	Gray	7				2. DATE OF MONTH		995	YEAR	3. TIME OF DEATH 1:30 P M
	4. SOCIAL SECURITY NUMBER 213-20-1289	5. SEX 1 ☐ M Z∑∑KF	6. AGE (In yrs. la:	st birthday) YRS.	IF UNDER MONTHS	1 YEAR DAYS	IF UNDER	Min.	7. DATE OF 1 (Month, De Aug.	sy, Year)	1925	Counti	HPLACE (State or Foreign ry) ryland
_	9e. FACILITY NAME (If not institution, give				9b. CITY,	TOWN C	R LOCATI	ON OF DEA		201		INTY OF D	
DIRECTOR	1007 Thomas	Road,			G	len	Bur	nie			Anne	e Arı	undel
2	Margaland 10b. COUNT	ne Arunde	.1	10c. CIT	Y, TOWN O	R LOCAT	ION						10d, INSIDE CITY LIMITS?
	Maryland Ar	THE ALGIGE		G.	len E	-							1 YES 2 NO
FUNERAL	1007 Thoma	s Road				101	. ZIP COD		21061			SA	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	YES 27	NO	13. V	MAS DEC	ENDENT C	F HISPANIO	C ORIGIN? (S	pecify Yes	or No —	14. RACE Black	E — American Indien, k, White, atc.
BY.	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1	☐ YES	2 X NO	Specify:				Speci	
TEC	15. DECEDENT'S EDI (Specify only highest grad	JCATION s completed)	18e. DE	CEDENT'S live kind of v	USUAL OC	CUPATIO	N st of workin	19	16b. KIN	ID OF BUS	INESS/INC	DUSTRY	
MPLETED	Elementery/Secondery (0-12) Unknown	College (1-4 or 5 +) life		o retirod.) DMEMA			•	Н	ouse	wife		
CO	17. FATHER'S NAME (First, Middle, Last)	William	A Boule	rc			18. MOTI	HER'S NAM	E (First, Middl	le, Malden	Surname)		
BE		WIIIIam						Katie		cker	111		
٥	19e. INFORMANT'S NAME (Type/Print) Mrs. Patrici	a E. Floy	rd 19						ena, M		2112		
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetlon 3 Ren 4 Panetion 5 Other (Specify)		20b. PLACE of cometery, cree	ematory or of	her place) nator	v.	Inc.	1/3	DATE 3/95	Cat	onsv:	chy or To	. Md.
	21. SIGNATURE OF FUNERAL SERVICE U	Kev	vin E. E —	cker	22. N MC	Cul	TyFu	neral Pa	Home tapse	of O Av	BROO e.,	KLYN Balt	21225 0., Md.
:	23. PART I. Enter the disease, or about, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	ee on each ilne		ot enter t	the mo	de of dyi	ng, such	as cardiec	or reepli	retory arr	reet,	Approximata interval Between Onset and Beath
disease or condition a. Anexo & Lerot - CARDIOUHS Cla Pisari Due to (or as a consequence or): Due to (or as a consequence or): Sequentially list conditione, If any, leeding to immediate b. Market and the first and the process of								4					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	OR AS A CONSE	DUENCE OF):								
H H	Touristing in death, Exs.	d											
	PART II. Other aignificant condition	ne contributing to	deeth but not r	esuiting i	n the uno	deriying	cauee g	jiven in Po	ert i. 24a	. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL									_ 15	PERFORI		+	COMPLETION OF CAUSE OF DEATH?
ME									_				1 YES 2 NO
ÿ	DID TOBACCO USE CONT	RIBUTE TO CAI					UNC	ERTAIN					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEAT	OTHER			1					
l¥S	1 YES 2	1 - Inpatient 2 -			4 🗆 Nursi	ing Home		sidence &	Other (Sp	ecify)			
ВУ РН	27. MANNED OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, Da	INJURY y, Year)	28b. TIME INJU		28c. INJU WOI 1 \(\text{Y}			28d. DEŞCRIE	BE HOW IN	JURY OCC	CURED	
	3 Suicide 8 Could not be determined	28e. PLACE OF building, a	INJURY — At ho nc. (Specify)	me, farm, <i>a</i>	treet, fecto	ry, office		2	City or To	N (Street ar wn, State)	nd Number	or Rural A	loute Number,
COMPLETED		ICIAN: To the best of a											
	2 MEDICAL EXAMINE	10/1	amination end/or i	investigation	ı, In my op	Inlon, de		NSE NUMB		place, end) end manner es stated. (Month, Day, Year)
TO BE	30 MAME AND ADDRESS OF PERSON WI	O COMPLETE SALE		1 AT	D. Salari		DI	1915	7/		> /	3/9	5
	Dr. Glenn F. F	Robbins, M				Hig	hway	, Gle	en Bur	nie,	Md.	21	061
	31. DATE FILED JANDON 0'5 199	5 32. of glating	SIGNATURE	ordalk			-						

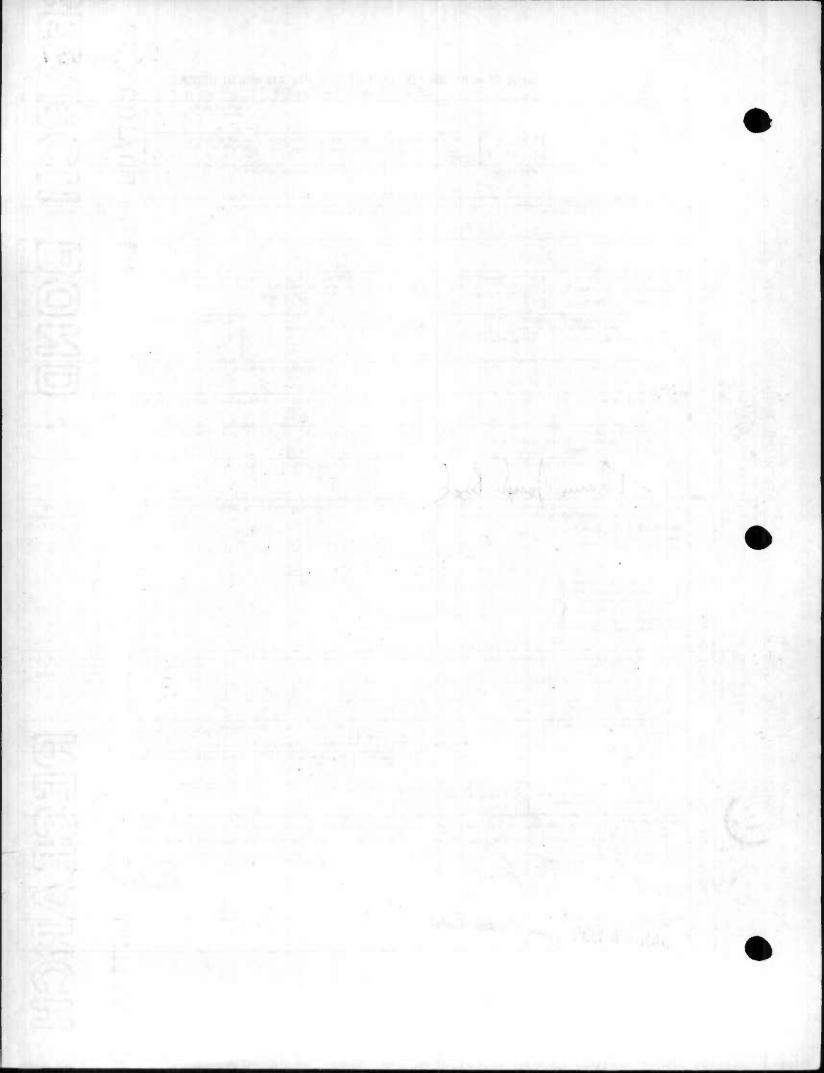


BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	of the funeral director, page 5 should be detached for use as the burlat-transit or removal.	medical examiner must be notified at once.
		ation,	the
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DENOTED TO THE IAM requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	DRECTOR After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the burlat-transit men, each with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL TO THE RUNBAL D Defined within

permit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH
	Ann Victoria	Hanson				Jan. 4.	1995 YEAR	12:45 pm
			(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign
	201 00 1010	□ M 2 💢 F 4!	YRS.	MONTHS DATS	HOURS MIN.	Sept. 1,		th Dakotah
~	9e. FACILITY NAME (If not inetitution, give stree	et end number)			OR LOCATION OF D	DEATH	9c. COUNTY OF	DEATH
DIRECTOR	Sinai Hospital			Baltimo	re			
EC	10a. STATE 10b. COUNTY	137	10c. CITY	, TOWN OR LOCAT	TION			10d. INSIDE CITY
	Maryland		Bal	ltimore				LIMITS?
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
N N	1302 Ramblewood Roa				21239		U.S.A.	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yee, sp	ecity Cuban, Mexic 2 NO Speci	NIC ORIGIN? (Specify tan, Puerto Rican, etc.)	Yes or No.— 14. RAC Blac Spec	E — American Indian, ck, White, etc.
ED	15. DECEDENT'S EDUCAT	TION	16a. DECEDENT'S	USUAL OCCUPATION	ON.	165 KIND OF B	JUSINESS/INDUSTRY	white
ш	(Specify only highest grade co.	mpleted) College (1-4 or 5 +)	(Give kind of w life. Do NOT us	ork done during mo	ast of working	IOD. KIND OF E	OSINESS/INDOSTRY	42.73
1PL	5-		Speech I	Patholog	ist	Educat	ion (scho	ools)
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maid		
BE (Howard Myron Hanson	n				ane Ray		
0	19e. INFORMANT'S NAME (Type/Print)		4			Route Number, City or 1		
	David U. Cavey	T _a		amblewoo			e, MD 212	
	1 Burial 2 Cremetion 3 Remove	al from State	nelery, cremetory or of 11 aney Va	her place)	n Cdnig		nonium, Ma	
	21. SIGNATURE OF PURPHAL SERVICE LIGHT		A	22 NAME AL	ID ADDRESS OF E	ACILITY		aryrand
	1 hours	veigh Base	Į.			defeld Hom ad Baltim		1212
23. PART I. Enter the diseases, or complications that caused the seath. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final								
_	_	Metastat	ic Brea	•	cer			3 mos.
5	Sequentielly list conditions, if any, leading to immediate		A CONSEQUENCE OF		CCI			J mos.
3	cause. Enter UNDERLYING CAUSE (Disease or injury							
HILICATION	thet initiated events resulting in dasth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
CER	d.							
AL	PART II. Other significant conditions	contributing to deeth I	out not resulting i	n the underlyin	g cause given in			b. WERE AUTOPSY FINDINGS
						1 YES	ORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC							A	1 TES 2 NO
HYSICIAN:		IOSPITAL:		26. PI	ACE OF DEATH (C	heck only one)		
2	1 YES 2 XNO 1	Inpetient 2 - ER/Out				8 Other (Specify)		
7	1 X Natural 5 Pending	(Month, Day, Year)	26b. TIMI	URY WO	PURY AT DRK? YES 2 NO	28d. DESCRIBE NOV	A INJUHA OCCURED	
1 12	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	/ — At home, farm, s			28f. LOCATION (Street	et end Number or Rurel	Route Number,
	4 Homicide determined	building, etc. (Spe	cify)			City or Town, Sta	ite)	
2	29e. CERTIFIER 1 X CERTIFYING PHYSICIA	N: To the best of my know	rledge, death occurre	d at the time, date	and place, end du	e to the cause(a) and n	nanner ee stated,	113,0711
COMPLEIED	one) 2 MEDICAL EXAMINER:							(e) and manner se stated.
	29b. SIGNATURE AND TITLE OF CENTIFIER	1. 1			29c. LICENSE NU	MBER	29d. DATE SIGNE	O (Month, Day, Year)
O BE	Model	Moon			D 3792		1/5	195
	30. NAME AND ADDRESS OF PERSON WHO	M.D. 273	EATH (ITEM 27) (Type,	Print)	g		MD 02.05	0
	Robert E. Robey	M.D. 2/13	N. Ch	arles	St. Bal	ttimore,	MD 2121	ď
	JAN V 5 1995	A BESTELLE AND	Arthur					
	JAN							



BALTIMORE, MARYLAND 21215-0020

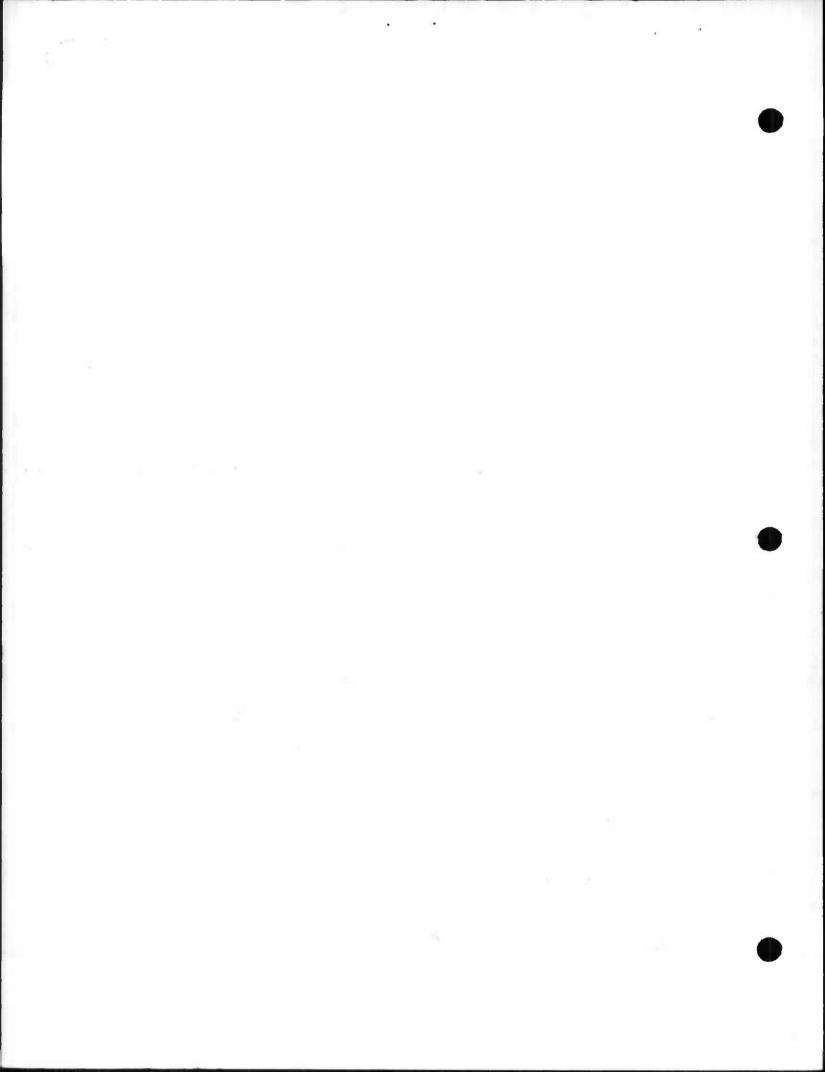
After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have a street death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

THENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. **DIVISION OF VITAL RECORDS, P.O. BOX 68760**

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

_	TIEGISTIVAN			_1111111	ONIL	IL DEN		H	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF I		v	YEAR	3. TIME OF DEATH
	George Edward	Hart						Jan 1	., 19	95	TEAN	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YE		R 24 HRS.	7. DATE OF E			8. BIRTH	IPLACE (State or Foreign
	213-09-0685	1 XM 2 - F	78	YAS.	MONTHS DA	rs HOURS	MIN.	Feb. 2	1, 1	916		YLAND
	9e. FACILITY NAME (If not institution, give s	treet and number)			96. CITY, TO	VN OR LOCAT	ION OF DE				NTY OF D	
E	108 Castletown	Rd IIn	it 301		T.	imoni	170			R A	LTIM	ODE
E I	RESIDENCE OF DECEDENT	na. on	10 301			Imonit	AIII			מע		OKE
DIRECTOR	10e. STATE 10b. COUNTY	1		18c. CITY	, TOWN OR LO	CATION						10d. INSIDE CITY
<u> </u>	MARYLAND BAL	TIMORE		T	IMONIU	M						LIMITS?
A	10e. STREET AND NUMBER					101. ZIP COL	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	108 Castletow	n Rd.	Uni	t 30	1	210	193			US	Δ	
5	11. MARITAL STATUS	12 WAS DECEDEN	T EVED IN ILS AD	MED				IIC ORIGIN? (S	pecify Yee			- American Indian,
	1 Never Married 2 Merried	FORCES? 1 IF YES, GIVE W	YES 2 X N	10	II yes	yes 2 X	en, Mexice	n, Puerto Ricar	n, etc.)		Black	c, While, etc.
B	3 Widowed 4 Divorced	11 120, 0112	on bares		''	TES Z [] MC	specin	<i>f</i> :			Speci	
COMPLETED	15. DECEDENT'S EDUC		16e. DE	CEDENT'S	JSUAL OCCUP	ATION		16b. KIN	D OF BUS	INESS/INI		HITE
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 -	life	Do NOT use	ork done during retired.)	most of work	ing					
립	12		·	Stee	el Wor	ker		St	eel			
8	17. FATNER'S NAME (First, Middle, Last)					1	NER'S NA	ME (First, Middle		Sumamal	-	
	George C	asner Ha	rt			1 2 2 2 2		y Ward		Johnston		
H	19e. INFORMANT'S NAME (Type/Print)	aoper na		MAILING	ADDGESS /Str	not and Number		Route Number, C		Ctata 7/	Codel	
2	Mrs. Anna Leonor	e Hart	1									m, MD 21093
	20s. METHOD OF DISPOSITION	e nare	30h BI 40E 4		FDISPOSITION		ı Ku.					
	10 Burial 3 Cremation 3 Ramo	oval from State	cepentry, one	military or all	Frait	h.		DATE			City or To	
	4 ☐ Donation 5 ☐ Othes (Specify) 21. SIGNATURE OF FUNERAL GERVICE LIG	enerd 1 /1	Darue	iis o	_	E AND ADDRE	00 00 PM	JAR	Ba1	timo	re.	MD
	. Drun	n. ()	wy)	L L	emmon	Fune	ral Ho	me			
	bryan W	. Clary		1	1	0 W. 1	adon	ia Rd.	. Ti	moní	um.	MD 21093
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):											
CERTIFICATION	Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY FINDING											
EDICAL	GIB M		raum	_	_	Part I. 248. WAS AN AUTOPSY PERFORMED?				AVAILABLE PRIOR TO COMPLETION OR CAUSE		
	7/0	()	7 Doctor		101					NO		OF DEATN?
Σ	DID TORACCO LIST CONTE	UDULTE TO CA	UCE OF DEAT								1 TYES 2 NO	
Ž I		GIBUTE TO CA		EATH YES NO UNCERTAIN								
o l	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	PLACE OF DEATH (Check only one) OTHER:								
ΥS.	1 TYES 2 NO	1 Inpatient 2	ER/Outpatient 3			tome A	esidence	6 Other (Spi	ecify)			
PHYSICIAN:	27. MANNER OF DEATN	28e. DATE OF (Month, De		28b. TIME		INJURY AT WORK?		28d. DESCRIE	DESCRIBE NOW INJURY OCCURED			
B	Accident				M 1		NO NO					
ш	3 Suicide 6 Could not be					281, LOCATION City or Tox	N (Street or	nd Number	or Rural A	loute Number,		
	4 Nomicide determined		elc. (Specify)					Only or los	wii, State)			
ון ב	29e. CERTIFIER Check only	CIAN: To the best of	my knowledge, des	th occurred	1 at the time	iste and place	and due	to the cause(s)	and man		and .	
COMPLET	(Check only one) 2 MEDICAL EXAMINER											and manner as stated
	296. SIGNAPURE AND TITLE,OF CERTIFIER				, , , , , , , , , , , , , , , , , , , ,	_						
띪	PRO SIGNAPARE AND TITLE OF CENTRICE	1- Dall				29c. LIC	ENSE NUM	IBER		29d. DAT	E SIGNED	(Manth, Day, Malt)
<u> </u>	Josephan	000114				L	34	650		-/	17	177
	Jeffrey A. Cool					11 Pro	of R	1da 0	712	Rola	ir D	d., 21236
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	J 1 C1	LIJ IIA	11(, r • D	_ug.,7	1 14	nera	*T I/	u., 21230
	JAN U 5 1995 Jul	32. REGISTRA	-Kardall									



ITEMS: 23 part I, 27,28a,b,c,d,e,f per MEO G-719 1/12/95 reb

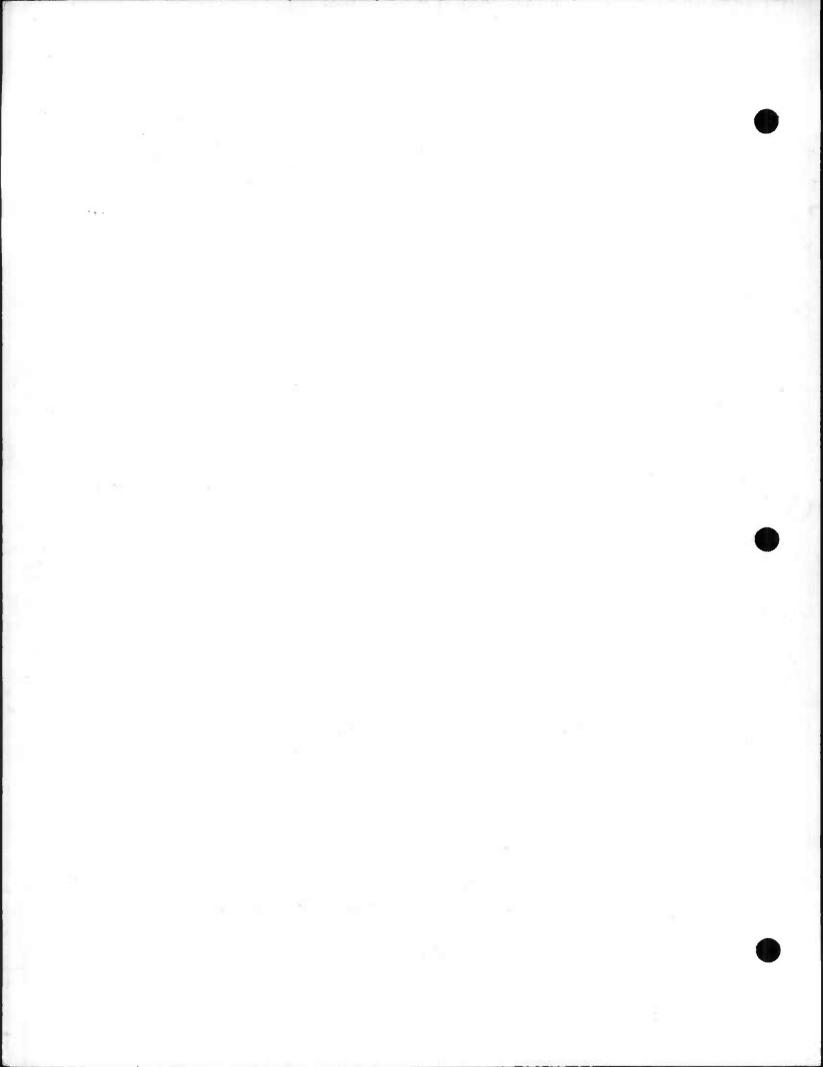
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 02 THOMAS HAMLETT TAN :31P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 [M 2] F 220-56-7742 41 YRS. Auq. California Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2906 CHERRYLAND ROAD BALTIMORE CITY N/A RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD N/A Baltimore 1 K YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? be detached for use as the burial-transit 2948 Cherryland Road 21225 U.S.A. retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 TYES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced Black ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) Elementary/Secondary (0-12) COMPL 12th some college Sandblaster MD Drydock 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Thomas Hamlett, Sr. Alice Brown BE notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code) 2 Carlester Hamlett 2948 Cherryland Road/Baltimore, MD 21225 death. Page 6 may be 2 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Greenmount Cemetery Baltimore, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March Funeral Home East 1101 E. NORTH AVE./BALTIMORE, MD 21202 n and completely filled in by the to burial, cremation, or removal. hours after the medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. interval Between **IMMEDIATE CAUSE (Final Onset and Death** disease or condition NARCOTIC INTOXICATION COMPLICATING BRONCHOPNEUMONIA resulting in death) DUE TO (OR AS A CONSEQUENCE OF): executed traumatic CERTIFICATION Sequentieily list conditions, DUE TO (OR AS A CONSEQUENCE OF): it the death certificate be exa by the attending physician ar ind Mental Hygiene prior to t If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL and the эшх Signed Health a YES 2 NO OF DEATH? 1 GOYES 2 | NO t, of h DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: OR ATTENDING PHYSICIAN: The law has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL: XXYES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 0 28a. DATE OF INJURY (Month, Day, Year) 1/2/95 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked. this (1 Netural 5 Pending 1:25 P.M 1 YES 2 NO DIRECTOR: After the hours after death was UNKNOWN BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify)
VACAN] APAR] MEN] 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2006 CHERRYLAND RD.
BALTIMORE, MD. 3 Sulcide 99 COMPLETED 8 Could not be 4 Homicide 28 determined Hem 29a. CERTIFIER

(Chart not)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. HOSPITAL (FUNERAL D TO THE HOSPITAL TO THE FUNERAL E be filed within 72 h XXI MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E. JAN 03/95 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Fowler 111 Penn Street, Baltimore, Maryland 21201 32. REGISTRAR'S SIGNATURE JAN 0.5 1995

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760



		1 - STATE REGISTRAR	TATE OF MARYLAND	DEPARTMENT / CERTIFICATE		MENTAL HYGI REG.		
	7	L DECEDENT'S NAME (First, Middle, Last)	1111	L	OI DEATH	2. DATE OF DEAT	Н	3. TIME OF DEATH
		Bessle	HOLDFOR	>K		Januar	· v 2, 19	95 M
	. 0	710 11 11000	SEX 6. AGE (In yrs. I	Inst birthday) IF UNDER WONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	0.1016	BIRTHPLACE (State or Foreign Country)
pinous		013 01 30 100	and number)		TOWN OR LOCATION OF D	Sandar-	96. COUNTY	Marylana
60	СТОВ	III W. 20th St.		Ba	Iltimore		, J. COOM11	OF DEATH
is 1. 2.	ECT	RESIDENCE OF DECEDENT		10c, CITY, TOWN O				Last more or a
. Pages	DIRE	Maryland		Ralt	IMATE			10d. INSIDE CITY LIMITS? 1 PYES 2 NO
permit.		100. STREET AND NUMBER		1 Out	101. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
is.	FUNERAL	11 W. 20. ST.			121218		\cup \cup	SA
-0020 ng physiolan. the burtal-tran	0.00	11. MARITAL STATUS 12. 1 Never Married 2 Married	WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 V	NO II	WAS DECENDENT OF HISPA yea, specify Cuban, Maxico	in, Puarto Rican, etc.		. RACE — American Indian, Black, White, atc.
00-90 p	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1	YES 2 NO Specif	'y:		Specify: Black
(211)	TED	15. DECEDENT'S EDUCATION (Specify only highest grade comp	pleted)	DECEDENT'S USUAL OC (Give kind of work done d	CUPATION luring most of working	16b. KIND OF	BUSINESS/INDUS	TRY
20R	MPLET	Elementary/Secondary (0-12) Co	Ollege (1-4 or 5 +)	PN retired.)		Pri	into	Duty
KAR!	MO	17. FATHER'S NAME (First, Middle, Last)	1		18. MOTHER'S NA	ME (First, Middle, Me	iden Surname)	Dail
7 22 8	BE	James A. O.	vings		Este	alle	Owir	195
MAR retained 5 shoul notifie	0	19a. INFORMANT'S NAME (Type/Print)	are	196 MAILING ADDRESS	(Street and Number or Rural	Route Number, City or	Town, State, Zip Co	M 1 21211
Page page		20a. METHOD OF DISPOSITION	20b. PLAC	E AND DATE OF DISPOSI	TION (Name of	PATE 200	LOCATION CIN	or Town, State
TIMORE Page 6 may I ral director, pag		1 W Burial 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)	from Stata cemetery, c		us	1/6/95	Balti	5. Md.
ALTIMOR death. Page 6 m e funeral director.		21. SIGNATURE OF FUNERAL SERVICE LICENS	On	- Committee	Seph L.R	uss Fur	ieral F	lome
0 = 0		Joseph o	C. Kuss	26	722 W. Nor	th Ave	Balto	Md. 21216
in by remic		23. PARV. Enter the decasea, or comp shock, or heart failure. List	only one cause on each life	death. Do not enter	the mode of dying, aud	th aa cardiac or r	papiratory arrest	Approximata interval Between
# S #		IMMEDIATE CAUSE (Final disease or condition	100/00 I	and to	r. Laste	-		Onset and Death
ted within completely fille ial, cremation.		resulting in death)	DUE TO (OR AS A CONS	EOUENCE OF):	ArdioVASC		1	
executed on and come to burial, commatic ev	N	Sequentially list conditions, b	hyponla	nsive C,	ArdIOVASC	ular d	1 Jeanse	
A 4 63 O F	ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO GR AS A CONS	EOUENCE OF):				
D.O. BOX 68 n certificate be execute nding physician and c Hygiene prior to bura or other traumatic	RTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONS	EOUENCE OF):				
F + 2 - 5	ш	resulting in death) LAST						
Me We	CAL C	PART II. Other algnificant conditions co		reaulting in the und	darlying cause given in		S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
		chronic ren	a tAllur	e			S 2 July	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
w requires that we require that the pt. of Health and shows any	MED	insulin depend		etes _	_/			1 TES 2 NO
. 3 5 5 5	AN	DID TOBACCO USE CONTRIBUTION OF THE PROPERTY O		ATH YES N		N 🗆 📗		
는 부 의 원 등	SICI	EXAMINER?	OSPITAL:	OTHER		8 Other (Specify)		
내 등 월부 기	PHY	27. MANNER OF BEATH	28a. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK?		OW INJURY OCCUR	DED
ON OI DING PHYS After this death with	BY	1 Natural 5 Pending 2 Accident Investigation		М	1 YES 2 NO			
ATTENDING ECTOR: After s after death	9	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY At Inbuilding, atc. (Specify)	homa, farm, street, facto	ry, office	281. LOCATION (Sti City or Town, S	eet and Number or i tale)	Rural Route Number,
DIVISION DIRECTOR: After hours after death item 28 is mai	ĽET	29a. CERTIFIER (Check only 1 GERTIFYING PHYSICIAN	: To the best of my knowledge, o	death occurred at the tir	ne, data and place, and due	to the cause(s) and	manner se stated	
	OMPL		the basis of examination and/o					ause(a) and menner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: II	E C	296. SIGNATURE AND TITLE OF CERTIFIER	:0.0.		29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)
E E S A	TO B	COK	1 V U		DZT	1860	P 1/	\$195
/		30. NAME AND ADDRESS OF PERSON WHO CO	D. KRAKA	VEYM	700 WAS/	+.BIVD	BALTI	MD ZIZZO
		JAN 0 5 1995	32. REGISTRANG SIGNATURE	Randall				

Item7,9-719,1-5-95,perf.h.,dr

A second 3 6 4

retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

ISION OF VITAL BECORDS P.O. BOX 68760

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
il examiner must be notified at once.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached val.	TO THE TOTACKE DRESTORS After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.
er death. Page 6 may be retained by the hosp	ID THE HISPITAL A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
BALLIMORE, MARTLAND	COUNTY OF THE COUNTY, T.O. BOX 60.50.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CI	ERTIF	ICATE O	F DEAT	чио мі Н	REG. NO.	C		
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. T	IME OF DEATH
	Cossier. Johes sr.					MONTH DA	995	YEAR	м
3	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. les	st birthday)	IF UNDER 1 YEAR		4 HRS.	7. DATE OF BIRTH		8. BIRTHPLAC	CE (State or Foreign
	153-28-2180 TAM20F 56	' YRS.	MONTHS DAY	HOURS	MIN.	APR.16,19	38	GEORG	IA
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	OR LOCATION	N OF DEAT			JNTY OF DEATH	
OR	VA Medical Center		BALTI	MORE				n/	a
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	100 CIT	Y, TOWN OR LO	ATION					
E	MARYLAND n/a	100. 011	BALTI						INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		DALII	101. ZIP CODE			40- 017	IZEN OF WHAT	YES 2 NO
R	414 N. ATHOL AVENUE APT.E		1		1229		UNIT		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR	IMED	13. WAS D			ORIGIN? (Specify Yes			TATES
	1 Never Married 2 Married FORCES? 1 YES 2 1	NO	If yes,		Mexican,	Puerto Rican, etc.)	0.110—	Black, Wh	ita, atc.
B	3 Wildowed 4 XXDivorced NAVY		1	X	ороспу.			Specify: BI	LACK
COMPLETED	15. DECEDENT'S EDUCATION 16a. DE (Specify only highest grade completed) (G	CEDENT'S	USUAL OCCUPA	TION most of working		16b. KIND OF BUS	INESS/IN	DUSTRY	
4	Elementary/Secondary (0-12) College (1-4 or 5+)	Do NOT us	e retired.)			ARMED S	ER V	ICES o	f the
탈		BORE	₹			ARMED S UNITED		ES of	AMERICA
	17. FATHER'S NAME (First, Middle, Last) ALOO Alonzo Jones					(First, Middle, Maiden S			
H		- MAILING	4000000 (O	FLO			own		
2		916				T, BALTIM			1010
	20a. METHOD OF DISPOSITION 20b.PLACE		F DISPOSITION		IIVLL			City or Town, S	1213
			FORES	TVΔ	CEM	ETERY 1-7			-
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	13011		AND AOORESS	OF FACIL	ITY IT I I I I	OWI	MOS MIL	LJIID
	Sol V. Hollan	· L	WM.	C. MA	RCH	FH1101	Ε.	NOR TH	AVENUE
	23. PART I. Enter the diseases, or complications that caused the de	ath. Do n	ot enter the r	node of dyln	g, such a	na cardiac or reapir	atory ar	reat,	Approximata
	ahock, or heert feliure. List only one cause on eech line IMMEDIATE CAUSE (Final),	1						interval Between Onset and Death
	disease or condition resulting in death)	hore	1 hai	lune					
	DUE TO (OR AS A CONSEC	DUENCE OF	5: 01	1 (.1	^	1	/11		
N	Sequentially list conditions, b. SquaN	Vou	1 Cell	CA	0/	lung C1A	& Me	+95/95is	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUENCE OF):		U	3	/		
문	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEC	OUENCE OF	0:						
E	resulting in death) LAST		•					į	
	PART II Out and all III								
DICAL	PART II. Other significant conditions contributing to deeth but not r	eaulting i	n the underly	ng cause giv	ven in Pa	PERFORI		AMAR	E AUTOPSY FINDINGS LABLE PRIOR TO
ğ						_ 1 _ YES 2	200		PLETION OF CAUSE DEATH?
MEI						_	\sim	1 🗆	YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEA				RTAIN				
S	EXAMINER? NOSPITAL:		OTHER:						
¥ I	1 ☐ YES 2 ☐ NO	28b. TIMI		NJURY AT		Other (Specify)			
	1 Netural 5 Pending (Month, Day, Year)	INJ	JRY \	YORK?		8d. OEŞCRIBE HOW IN	JURY OC	CUREO	
E E	2 Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF INJURY — At ho	me, farm, a			-	8f. LOCATION (Street ar	nd Akumbe	r or Rural Boute	Number
COMPLETED	Surcide 8 Could not be building, atc. (Specify) Homicide determined		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Town, State)	140111001	o ribrar ricota i	
밁	29a. CERTIFIER (Check only Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, de	ath occurre	d at the time, de	te and place, a	nd dua to	the cause(a) and many	nor se sta	ted	
⊠	one) 2 MEDICAL EXAMINER: On the basis of examination and/or i								manner as stated.
шШ	29b. SIGNATURE AND TITLE OF CERTIFIER	27	14	29c. LICEN	SE NUMBE	R	29d. DAT	E SIGNED (Mon	th, Day, Year)
10 B	pavelnaly		,147				•	1/2/	14
- 1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITER	W 27) (Type,	Print)					1 -1	
ĮĮ.									
	31 DATE EN ED (Month Dec Vent								
	31. DATE FILED (Month, Dey. Year)								

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DHMH-16 Rev 1/89

Taveludaly - m,

YEAR

1995

9c. COUNTY OF DEATH

Baltimore

U.S.A

10g, CITIZEN OF WHAT COUNTRY?

Specify.

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indien, Black, White, etc.

White

1 YES XX NO

8. BIRTHPLACE (State or Foreign

2 00 a.m.

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	UNECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shr hum, after death with the State hard of Health and Mental Hydiene prior to burial remaining or removal	
	Pages 1	
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G PHYS	er this c	arked,
TENDIN	Ther deal	E SI S
Low ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	CINECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi	Them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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DIRECTOR

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CERTIFICATION

MEDICAL

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3 Sulcide

4 Homicide

(Check only one)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH Leona Kane Jan. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Aug. 25, 1895 Maryland 5. SEX IF UNDER 1 YEAR MONTHS DAYS 213-52-7385 1 M 3/10 F 99 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH Stella Maris Hospice Towson RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION TOWSON 10e. STATE Maryland Baltimore 10a, STREET AND NUMBER 10f. ZIP COOF 2300 Dulanev Valley Rd 21204 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 YES 24 It yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 Never Married 2 Married 1 TES 2 THO Specify: 3 Widowed 4 Divorced 15. DECEOENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) on working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 10 yrs. Secretary Financial 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) George L. Bents Mary M. Hochhaus 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21286 Mrs. Mary K. Nolan 912 Fairway Dr. Towson, Md. 20e. METHOD OF DISPOSITION
1) Buriel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State New Cathedral Cemetery 1/9/9 5 Baltimore, Mil. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home ? obert 6500 York rd. 21212 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line. Ar Isriose Erone IMMEDIATE CAUSE (Final estale yisavlor disus disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF)that initiated events resulting in death) LAST

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH) YES \(\Boxed{1}\) NO \(\Boxed{1}\) UNCERTAIN \(\Boxed{2}\)

PART II. Other aignificant conditions contributing to death but not regulting in the underlying cause given in Part I. 1 TYES 2 T NO

24s. WAS AN AUTOPSY

21204.

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO

Approximate Interval Batweer

Onset and Daath

25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL

26e. PLACE OF/INJURY — At home, ferm, street, fectory, office building, letc. (Specify)

1 YES 2 NO Inpatient 2 ER/Outpaties 27. MANNER OF DEATH 26e DATE OF INJURY 1 Natural 5 Pending 2 Accident

OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 3 🗆 DOA 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occur

ured at the time, date end place, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

1/clines

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Ď.	NAME AND ADMINES OF	PERSON WHO	COMPLETEO	CAUSE	OF OEATH	(ITEM 27)	(Туре,	Prin

31. OATE FILED (Month Day Mar JAN 05 1995

determined

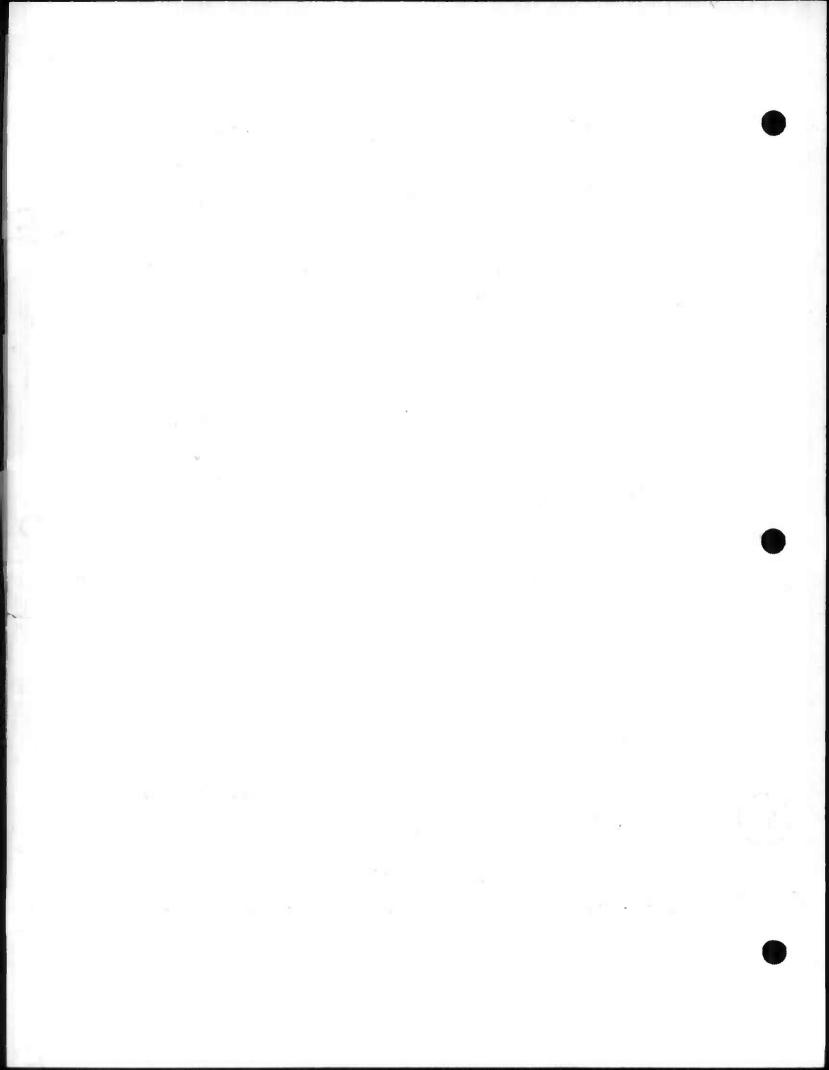
32. REGISTRAR'S SIGNATURE Davolson Revelett

OHMH-18 Rev 1/89

A North

		3.	2	Š.	0	SON OF VITAL RECORD	⋖	X	ပ္ပ	H	_
포포	80	DE.	A ATTEN	Die	PHY	IG PHYSICIAN: The law requires that the	The Is	w req	uires	that	- Quant
뿦	HE FLAKEN	-	HECTOR	Attac	this	if this certificate has been signed by the	e has	been:	Sign	4 Pa	-

		FOR STATE REGISTRAR		STATE OF	MARYLA	ND / DEP	ARTMEN IFICAT	IT OF H	EALTH DE A	AND N			E		
		1. DECEDENT'S NAME (First,	Middle, Last)			OLITI	IOAI	L 01	DLA	'''	2. DATE OF	EG. NO.	-		3. TIME OF DEATH
		JOHN EDWAR	D KNIC	GHT						- 1	JAN.	3	,1995	YEAR	5:00 P. M
		4. SOCIAL SECURITY NUMBER	ER	5. SEX		yrs. lest birthd		ER 1 YEAR	IF UNDE		7. DATE OF I	HTTH		8. BIRTHE	LACE /State or Foreign
2		213-01-1237		1 M 2 F	82	YR	MONTHS	DAYS	HOURS	MIN.	JAN . 4,	1912		MARY	LAND
3 should	m	9e. FACILITY NAME (# not ins					9b. CIT			ION OF DE	ATH		9c. COUN	TY OF DE	ATH
1, 2, 3	Ē	7882 PEPPER		ANE				PAS	SADE	NA			ANN	E AR	JNDEL
ges 1	DIRECTOR	10e. STATE	10b. COUNTY	1		10c.	CITY, TOWN	OR LOCAT	ION						10d. INSIDE CITY
		MARYLAND	ANN	E ARUNDE	L		P	PASAD	ENA						LIMITS?
F Per	FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT (IAT COUNTRY?			
020 physician. burial-transit permit. Pages		7882 PEPPERBOX LANE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIOIN? (Specify Yee or No.— 14. RACE — American Indian.													
020 physic burial		1 Never Married 2 1		FORCES?	YES	2 NO		If yes, spi	cify Cube	en, Mexican	, Puerto Ricar	pecify Yee i, etc.)	or No—	Black,	- American Indian, White, atc.
215-0020 attending physics ise as the burial	ВУ	3 Widowed 4 Divon	ced	11 720, 0172	WW			I [TES	X NO	Specify:				Specify	WHITE
r after	Œ	18. DECE (Specify only	DENT'S EDUC highest grade	CATION completed)	1	6e. DECEDEN (Give kind	of work done	during mo:	N st of worki	ng	16b, KIN	D OF BUS	INESS/INDU	STRY	
D 21	P.E.	Elementary/Secondary (0-	12)	College (1-4 or 5	+)		UNITOT					T 4 D	07.5		
AND the hospit detached	COMPLET	UNKNOWN 17. FATHER'S NAME (First, Mic	Idle, Last)			IEC	HNICI	AIN	18. MOT	HER'S NAM	AE (First, Middle		ORATO	RY	
MARYLAND retained by the hospit 5 should be detached motified at once.	BE C	MALVIN KNIGH	T								NE KOE		<i>surrentey</i>		
MAR) retained to 5 should notified	TO B	9e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Nut										n, State, Zip 6	Code)		
E, M y be re lage 5	F	CHARLOTTE SA				50	9 BRI	SBAN	E RO	AD -	BALTI	MORE	, MD	21	229
ALTIMORE, death. Page 6 may be funeral director, page examiner must be		20e. METHOD OF DISPOSITION Burlel 2 Cremation	3 🗆 Remo	oval from State	camete	LACE AND DA	r other place	į.			DATE	20c. LO	CATION — C	ity or Tow	n, State
IMC Page I direc		4 Donation 6 Other (.,,,	ENSEE /	LOUI	OON PA				OC OF FAC	1/6	BAL	TIMOR	E	
ALTIN death. Pag t funeral did i.		22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC.													
BA after d by the smoval.	-	23 PART i Enter the die	201	/ dzze	1			4107	WILK	KENS .	AVENUE	- B	BALTIN	ORE .	MD 21229
BALTIMORE, MARYLAND 21215-0020 and hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-tran on, or removal.	snock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel													Approximate Interval Between	
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3760 rited within completely ial, cremati															
Drug Bard	NO.	Sequentially list conditions,													
BOX sate be en hysician is prior to	CATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING													
O. B certificate ing phys rgiene p	IFIC	CAUSE (Disease or injur that initiated events	y 🏅 ʻ	DUE TO	(OR AS A C	ONSEQUENCE	OF):								
, P.O. BOX eath certificate be eathending physician rial Hygiene prior to y, or other traun	ERTIFI	resulting in desth) LAST		1											
E Pe O	C	PART II. Other significen	t conditions	s contributing to	deeth but	not resultin	a in the su	nderlying	Cause	niven in P	Part I 24a	WEGAN	HITTOROV	T 045 1	VERE AUTOPSY FINDINGS
CORE ires that it signed by lealth and	DICA						g III 1110 DI	yiing	, 00000	g1 v 011 111 1	PERFORMED?			. 4	WAILABLE PRIOR TO COMPLETION OF CAUSE
RECOR requires that been signed b of Health ar shows any	MED										- 10	YES 2	X NO	NO COMPLETION DO OF DEATH?	
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									1 TYES 2 (1)				TES 2 LE NO		
									O TOURING LA						
OF VITA PHYSICIAN: The this certificate hi with the State D rked, or item	> 1	1 TYES 2 NO		1 Inpatient 2				rsing Home	5 TAR	sidence 6	Other (Spi	ecify)			
O 축 윤 를 열	PH	27. MANNER OF DEATH 1 N Natural 6 P	ending	28e. DATE OF (Month, E		28b.	IME OF NJURY	28c. INJU	RK?	i i	28d. DESCRIE	E HOW IN	JURY OCCL	RED	
ON Affer death at man	BY	2 Culate	rvestigation	28e. PLACE C	OF INJURY —	At home, ferr	n, street, fec		ES 2	-	28f. LOCATIO	A /Street or	nd Number o	, Russ I On	the Alumbur
3 6 8	冒		ould not be etermined	building,	etc. (Specify)		,	,,			City or Tox	vn, State)	TO MUNIDON O	r riorer rio	Ne Number,
29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the Ilme, date end place, end due to the cause(a) end menner as stated.															
2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceused state of the signature and the signature										and menner ee stated.					
									SIGNED (/	Aonth, Day, Year)					
THE DE FIED PR	TO B	Klara	- 4	New	100	- 1	9		D	195	58		> /	141	95
10	F	30. NAME AND ADDRESS OF							TI.	- 1		011-1-		1	
		DR. GLEN JOH					IAIDEN	V CHO	TCE	LANE	- CAT	ONSV	ILLE,	MD	21228
		JAN U 5 1995	July	192. RÉGISTRA	hardell	THE .									



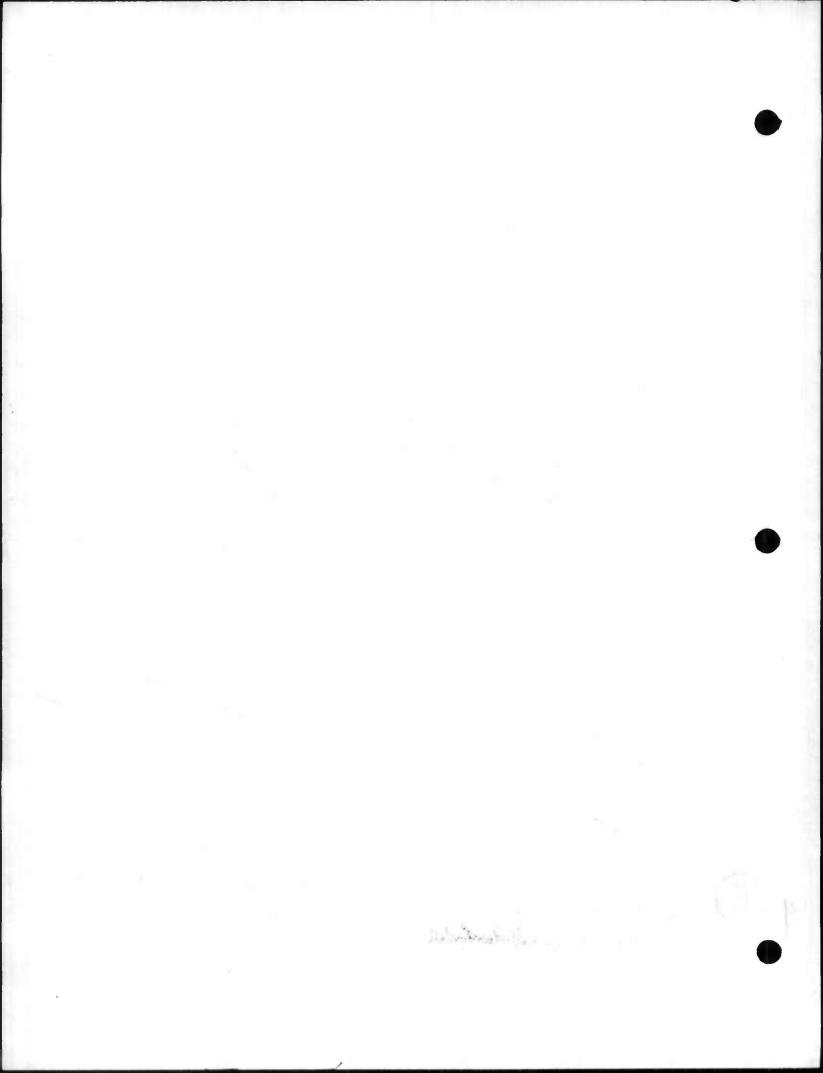
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. A hours after death. Page 6 may be retained by the hospital or attending physician.

THE PHIERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within the State Dept. of Health and Mental Hydren prior to burial, correspond, or enthough the marked or them 73 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. BALTIMORE, MARYLAND 21215-0020

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1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAR				CERTI	FICA	E U	DEA	IH	F	REG. NO				
	1. DECEDENT'S NAME (First,	Middle, Last)		2. DATE OF DEATH MONTH DAY YEAR						YEAR	3. TIME OF DEATH				
			Mary						Jan. 1, 1995 7:00 A				7:00 Am		
	4. SOCIAL SECURITY NUMB		5. SEX	111710111111111111111111111111111111111			IF UNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN.			7. DATE OF BIRTN (Month, Day, Year)				PLACE (State or Foreign	
	220-14-54	YRS.			HOUNS		Dec.	Dec. 9,1925 Maryland							
-	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE.											EATN			
5	102 W.Ba		St.				Ba1	to.1	Md,						
<u> </u>	RESIDENCE OF DEC	10b. COUNTY	,		100.0	ITY, TOWN	00100	TION							
DIRECTOR	Maryland							City	ма					10d, INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER					Dui			_					1 X YES 2 NO	
R A		1	02 W.Ba	rnev	St		101. ZIP CODE 21230			0				/HAT COUNTRY?	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN											States	
		Married	FORCES? 1	YES	2 NO	'	If yes, s	pecify Cubi	en, Mexica	IIC ORIGIN? (S n, Puerto Rica	n, etc.)	or No-	Bleck	— American Indian, i, White, etc.	
B	1 Never Married 2. 3 Wildowed 4 Divor	rced	IF YES, GIVE W	WAR OR DATE	ES		1 [] YE	S 2 T NO	Specify	<i>r</i> :			Speci	White	
8	15, DECI	EDENT'S EDU	CATION	1	6a. DECEDENT				**	16b. KII	ND OF BUS	SINESS/INC	USTRY		
E	(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5	.)	(Give kind o	of work don use retired	e during m .)	ost of workl	ng	10000000					
교	7th.Grad			·	Home	make	r			0	wn l	Home			
COMPLETED	17. FATHER'S NAME (First, Mi	ddle, Last)						18. MOT	HER'S NA	ME (First, Midd	le, Maiden	Surname)			
BE C	Matthe	w J	McCor	mick					vel		V.	Ru	by		
B	190. INFORMANT'S NAME (Ty	rpe/Print)			19b. MAILII	IG ADDRE	SS (Street			Route Number,	City or Tow	n, State, Zio	Code)	ode)	
TO BE COM	Mr.John C	.Koch	n							alto.		212			
	200, METNOD OF DISPOSITI	ON			LACE AND DAT	E OF DISP	OSITION (N	lame of		DATE	20c. LO	CATION —	City or To	wn, State	
	1 Donation 5 Other	n 3 ∐ Rame (Specify)_	oval from State	cemete H	oly C	ross	Ce	mete	ry	1/4/9	5	A.A.	Co.1	Md.	
	21. SIGNATURE OF FUNERAL	SERVICE-LIC	ENSEE	-			22. NAME AND ADDRESS OF FACILITY Balto.Md.21230								
	DC Trum	- 11	200				M-C	1 1							
\vdash	23 DADT i Enter the di	2 B	The r				MCC	итту	Fu:	neral	Ho	me,1	30	E.Fort Av	
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between														
	iMMEDIATE CAUSE (Final											Onsat and Death			
1]	resulting in death)	→ ,	MALLO C	clerof	u Cur	dio	100 C	2/05	Die	searce				Syrs	
	DUE TO (OR AS A CONSEQUENCE OF):											100			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING														
ATI															
윤	CAUSE (Disease or injur that initiated events		DUE TO	(OR AS A C	ONSEQUENCE	OF):									
토	resulting in death) LAST	r II.			100-22-74	,-									
빙			J											+	
EDICAL	PART II. Other significan	nt condition	contributing to	desth but	not reaulting	In the u	Inderiyin	g csusa i	given in	Part i. 24	. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
8										10	YES 2	- Annaha		COMPLETION OF CAUSE OF DEATH?	
W														1 YES 2 DATO	
	DID TOBACCO US	SE CONTR	RIBUTE TO CA	USE OF	DEATH Y	ES 🗆	NO [JUNC	ERTAIN	1 1					
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL		26.	PLACE OF DE	ATN (Chec	k only one,)							
SI	1 YES 2 10		HOSPITAL:	ER/Outpati	ent 3 🗆 DOA	OTHE		ne 5 DA	esidence	6 Other (Sp	pacify)	0			
到	27. MANNER OF DEATH		26e. DATE OF (Month, D			ME OF	28c. IN.	JURY AT		28d. DESCRI		NJURY OCC	URED		
BY F		Pending rivestigation	(Morall, Di	ay, rour)	- "	M		ORK? YES 2] NO						
	3 Suitelde	Could not be	28e. PLACE O	F INJURY — etc. (Specify)	At home, term	, street, fa	ctory, offic	De .		28i. LOCATIO	N (Street a	nd Number	or Rural A	oute Number,	
E		letermined	Soliding,	etc. (Specify)	,					City or To	wn, Stete)				
COMPLETE	29a. CERTIFIER 1 CERTI	FYING PHYSIC	CIAN: To the best of	my knowled	ige death occur	read at the	time date	and place	and due			VI. 64.			
M														end manner ee stated.	
	29b. SIGNATURE AND TITLE										piace, an				
H	The state of	-C							ENSE NUM	-		29d, DAT		(Month, Day, Year)	
임	30. NAME AND ADDRESS OF	PERSON WHI	COMPLETED CALL	E OF OF	M (ITEM OF C			リンフ	bale	40		- 1	ILL	95	
,	Robert Dist			-L			\				2.0				
	31. DATE FILED (Month, Day, Y	70'		RIS CHAPT	UK. I	Sult	imo	re	MD	212	<u> </u>	,			
	IAM II 5 100	15 Ja	33 REGISTRA	Vers	其										
	THIN 0 9 135	10 0-													
	•	_												DHMH-16 Rev 1/8	



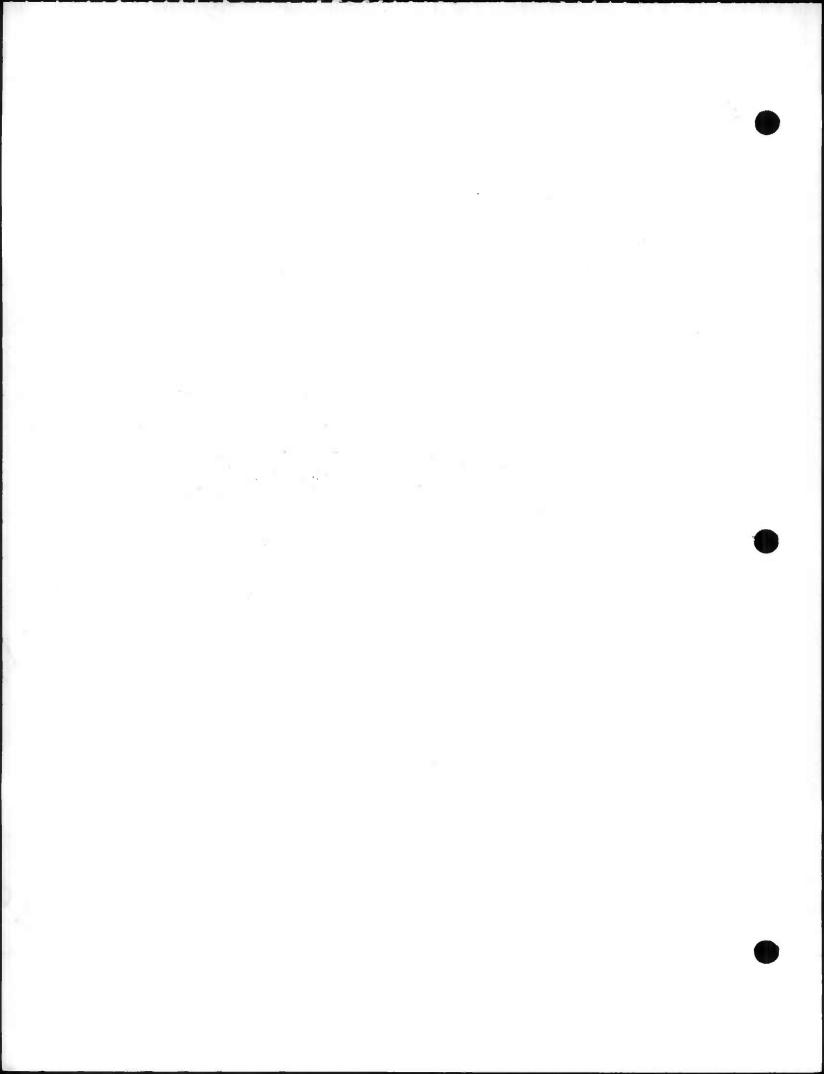
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

bours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this centificate has been entered by the attendance submission and concentration.

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 DECEMBER MANE (First Middle 1 1)				CATE O	DEATH	REG. NO	<u>. </u>			
	1. DECEDENT'S NAME (First, Middle, Lest) Bertrand Frederick Kellenbenz 2. DATE OF DEATH MONTH DAY YEAR 1 1 95										
	4. SOCIAL SECURITY NUMBER		E (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24 HRS.					
				YRS.	MONTHS DAYS		7. DATE OF BIRTN (Month, Day, Year)	- 1	8. BIRTNPLACE (State or Foreig Country)		
	212-10-7726	**	86	THS.			3-4-08		Maryland		
~	9a. FACILITY NAME (If not institution, give s	treet and number)			96. CITY, TOWN	OR LOCATION OF	DEATN	9c. COUNT	TY OF DEATN		
0	Howard County	General	Hosp:	ita1	Colu	ımbia		Но	ward		
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	<u> </u>									
DIRECTOR				10c. CITY	, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?		
	Md. How	ard		E11	icott				1 - YES 2 X NO		
₩.	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WH										
FUNERAL		St.	21042		U.S	. A .					
٦	11. MARITAL STATUS	12. WAS DECEDENT EVER			13. WAS DE	ECENDENT OF NISPA	NIC ORIGIN? (Specify Yes	or No —	14. RACE — American Indian, Black, White, alc.		
BY I	1 Never Merried 2 Married	IF YES, GIVE WAR OR		•		S 2 NO Spec		- 1	Specifyhite		
	3 Wildowed 4 Divorced										
9	15. DECEDENT'S EDU (Specify only highest grade				USUAL OCCUPAT		16b. KIND OF BU	SINESS/INDU	ISTRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille.	Do NOT us	e retired.)						
AP.	6		to	001	& dve	setter	Cont	inen	tal Can		
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle, Maiden				
Ш	Henry Kellenh	en z				Borth	a Eichors	Q			
0	19a. INFORMANT'S NAME (Type/Print)		19b	. MAJLING	ADDRESS (Street		Route Number, City or Tow		Code)		
5	Anna Lee Kelle	nhan-									
	20a. METHOD OF DISPOSITION				F DISPOSITION (Md. 2104		
	15 Burial 2 Cremetion 3 Ram 4 Donation 5 Other (Specify)	oval from State	emetery, crer	To h n	rer place) ce me	terv	1-4-95		icott City		
	21. SIGNATURE OF FUNERAL SERVICE LIC		J	201111					TOUL OILY		
	Haight Funeral Home										
	puan	a Hay	1		Box	195 S	ykesville	, Md	. 21784		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.										
	ahock, or haart fallura.	Liat only one cause on				,			Interval Betw		
	IMMEDIATE CAUSE (Final disease or condition peauling in death)										
	resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
_		A	70	00	(5						
0	Sequentially list conditions,	DUE TO (OR A	S.A. CONSEO	LIENCE OF							
ATI	If any, leading to immediate cause. Enter UNDERLYING	1	LY1	SONSEQUENCE OF):							
5	CAUSE (Disease or injury	c. (OR A	S A CONSEC	_	,	V - /					
CERTIFICATION	that initiated eventa reaulting in daath) LAST	000 10 1011 21	3 A CONSEC	DENCE OF	,.						
與		d									
	PART ii. Other algnificant condition	a contributing to death	but not re	eauiting li	n the underlyi	ng cause givan ir	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FIND		
DICAL						-	PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAU		
ED							1 _ YE\$ 2	□ NO	OF DEATH?		
Σ	DID TOP 1 444								t TYES 2 NO		
Ž	DID TOBACCO USE CONTI	RIBUTE TO CAUSE					N 🗆 📗				
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACI	OF DEAT	OTHER:	9)					
YSI	1 TES 2 NO	1 Inpatient 2 I ER/O	utpatient 3	□ DOA		me 5 🗆 Rasidence	6 Other (Specify)				
PHYSICIAN	27. MANNER OF DEATN	28a. DATE OF INJUR (Month, Day, Year		286. TIME		JURY AT	28d. DEŞCRIBE HOW II	28d. DESCRIBE HOW INJURY OCCURED			
BY	1 Natural 5 Pending 2 Accident Invastigation					YES 2 NO					
8 0	3 Suicide 8 Could not be	26s. PLACE OF INJU	RY — At hor	ne, farm, si	reet, lectory, off	Ice	281. LOCATION (Street a	281. LOCATION (Street and Number or Rural Route Number,			
	4 Homicide determined building, stc. (Specify) City or Town, State)										
3	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of my !-	nulado - d	th an-	d and then attended	and the same of the same	Theresees				
₹		CIAN: To the best of my known									
COMPL	2 MEDICAL EXAMINE	S. On the beats of exeminal	non and/or Ir	rvestigation	i, in my opinion,	death occured at the	time, data and placa, an	d due to the	ceuse(s) and menner ea state		
ш	296. SIGNATURE AND TITLE OF CERTIFIER	ALL	1. F.	2		29c. LICENSE NU		29d. DATE	SIGNED (Month, Day, Year)		
B		100	all	fe		#23	130	D K	2-1-3-9		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (I) EN	27) (Type,	Print)	1		16			
ŀ	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE								
	JAN 05 1995 Jul	a Abundan P.	1 11								



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 44 hours after death. Page 6 may be retained by the hospital or attending physician.	this ce	rked,
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THE HOSPITAL OR ATT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. For exemple, the burial properties of the burial transfer to burial properties of the burial transit permit.	or mod mining to mode over the case open of the same and mining or other traumatic event, the medical examiner must be notified at once.

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CERTIFICATION

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. OATE OF DEATH MONTH 3. TIME OF OFATH ARRELL LFF 4.30 00 995 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR IF UNDER 24 HRS. 217-74-6843 DAYS HOURS 1 1 2 0 MIN. VBS 38 May 30, 1956 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital N/A Baltimore RESIDENCE OF DECEDENT 10e STATE 10h COUNTY toc. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD N/A Baltimore TY YES 2 NO FUNERAL 10e. STREET AND NUMBER tor, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 3810 Moravia Road 21206 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 X NO Specify: Specify 3 Widowed 4 Divorced Black 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 a) Furniture Assembler 11th Markdowns Company N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Marjorie Coates James Lee 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Gloria Lee 3810 Moravia Road/Baltimore, MD 21206 20s. METHOD OF DISPOSITION
1A Buriel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Baltimore Cemetery Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March Funeral Home East 1101 E. North Avenue/Baltimore, MD 21202 23. PART I. Enler tha diseasea, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallura. List pnly one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Daath disease or condition___ ARREST ARDIOPULMONARY resulting in death) DUE TO (OR AS A CONSEQUENCE OF): GI BLEED. DUE HOCK MASSIVE Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING NAL SQUAMOUS
DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disesse or injury that initiated events reaulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF INJURY 284, DESCRIBE HOW INJURY OCCURED 1 Natural Pending Investigation 1 YES 2 NO 2 Accident

29a, CERTIFIER t DESTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ee stated. (Check only one)

28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)

2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Mac My	D. P-07708	NAN.5,19
30. NAME AND REST OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print)		

30. N 6000 SAMARITAN HUSPITAL

32, REGISTRAR'S SIGNATURE

Adverten

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BALTI

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

LOCH RAVEN

3 Suicide

4 Homicide

8 Could not be

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No. He Baran State

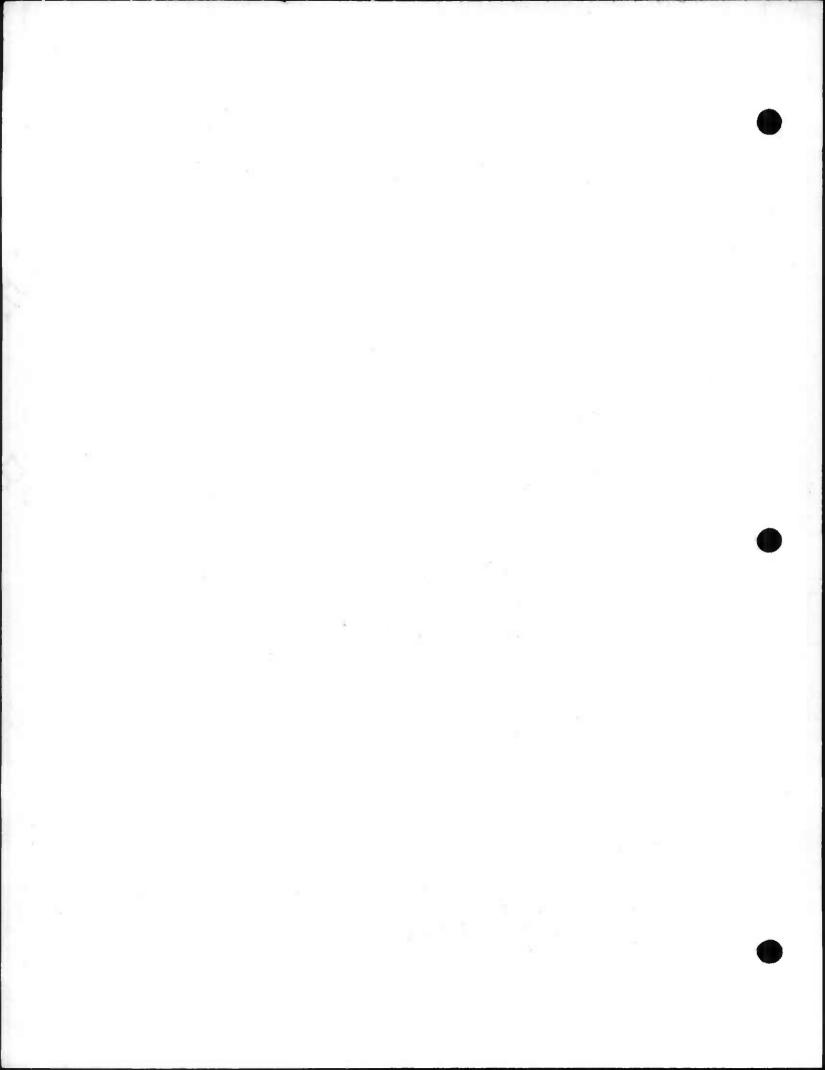
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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5	DIR	In hours after death with the State Dept. of Health and	We'll item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examina	
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TO BE COMPLETED BY FUNERAL DIRECTOR

						90) U	0101	
1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR		F HEALTH AND OF DEATH	MENTAL HYG				
1. DECEDENT'S NAME (First, Middle, Last)			10/11/2	DEATH	2. DATE OF DEA			3. TIME OF DEATH	
WILLIAM	J.	1	UTZ. S	S D	JANUARY	DAY 2 1	995	3:27	Рм
		AGE (In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIET	н		IPLACE (State or Fore	
212–26–8578	1 👺 M 2 🗆 F	65 YRS.	MONTHS DA		OCt. 4,	1929	Count	yland	1911
9s. FACILITY NAME (If not institution, give stre	et and number)		96. CITY, TO	WN OR LOCATION OF D	EATH	9c. CO	UNTY OF E	PEATH	
NORTH ARUNDEL HOS	SPITAL ASS	<u>SOCIATION</u>	GLEN	BURNIE		A	.A. (COUNTY	
10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	DCATION				10d. INSIDE CITY	
	Arundel	Ser	verna 1	Park				LIMITS?	0
100. STREET AND NUMBER 12 Anne Ct.				101. ZIP CODE		1,0		WHAT COUNTRY?	
	12. WAS DECEDENT EV	57 1110 15115		21146				States	
1 Never Married 2 Married	FORCES? 1	YES 2 NO	If yes	DECENDENT OF HISPA s, specify Cuban, Maxico	en, Puerto Rican, etc	fy Yes or No— □)	14. RACI Blac	E — American Indian k, White, alc.	
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 1 0	YES 2 NO Specif	y:		Spec	White	
15. DECEDENT'S EDUCA (Specify only highest grade co	TION empleted)	16e. DECEDENT'S	work done during	PATION g most of working	16b. KIND O	F BUSINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Prison (se retired.)		Corre	ctions			
17. FATHER'S NAME (First, Middle, Lest)		11100.1	Juan u	18. MOTHER'S NA	ME (First, Middle, Mr.				
Julius M. Lutz				Audrey	Nelson				
190. INFORMANT'S NAME (Type/Print) Colleen Lutz				eet and Number or Aural ., Severna				146	
20s. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION	N (Neme of	DATE 20c. LOCATION — City or Town, State				
1 - Burial 2 - Cremation 3 - Ramovi 4 - Donation 6 - Other (Specify)		Gien Have	n Mem.	Park 1/6	6/95 Glen Burnie, Maryland				
21. SIGNATURE OF FUNERAL SERVICE EXCEN	BEE '			e and address of fa kley-Ruddi		al Hom	16		
1/8/ 01/0	777		421	Crain Hwy	. S.E. C	len Bu	rnie	, MD 2106	51
23. PART I. Enter the diseases, or cor shock, or heart feliure. Lie	mplications that ca it only one cause o	used the death. Do r on each line.	not enter the	mode of dying, suc	h as cerdiac or i	reapiratory a	rest,	Approximate Interval Bet	
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resulting in deeth) LAST	Cerono	un A	HUUS	clovy C	Mou	8 CH	Sen	6.	
PART II. Other significent conditions	contributing to dea	th but not consisting	n the under	ving source gluon la	Sheet I have you	a All Almonov	1.00		
			iii die diegen	ying cause given in	PE	S AN AUTOPSY RFORMED?	240.	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL	
						S 2 📉 NO		OF DEATH? 1 ☐ YES 2 ☐ NO	
DID TOBACCO USE CONTRI	BUTE TO CAUS	OF DEATH YE	S NO	☐ UNCERTAI	<u>и</u> 🗆			1 160 2 100	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	26. PLACE OF DEAT	H (Check only o	one)					
1 ☐ YES 2 🙀 NO 1	☐ Inpatient 2 ☐ ER/			Home 5 NHssidence	6 Other (Specify)	1			
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJU (Month, Day, Ye		URY	INJURY AT WORK?	26d. DEŞCRIBE H	OW INJURY OC	CURED		
2 Accident Investigation 3 Suicide 6 Cavid not be	28a. PLACE OF IN.	URY — At home, farm, s		YES 2 NO	281. LOCATION (Street and Number or Rural Route Number,				
4 Homicide 6 Could not be determined	building, etc.	Specify)			City or Town, S	State)		oute Number,	
29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my i	nowledge, death occurre	d at the time,	data and place, and dua	to the cause(s) and	l manner as sta	ted.	<u> </u>	
one) 2 MEDICAL EXAMINER:	On the basis of axamir	ation and/or investigatio	n, in my opinio	n, death occured at the	time, data and place	e, and due to t	ha cause(a) and manner as state	ed.
29b. SIGNATURE AND TITLE OF CERTIFIER	mm	m		29s. LICENSE NUA	D3161	294. DAT	E SIGNED	(Moreth, Day, War)	\neg
30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)	geo Ra	0 C. S	ama	onn	140	\dashv
205 101 age	y Dur	Anno	pale	s his	214	01			
JAN 05 1995	Salve and and	or Revolute							



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ITEM: 7. PER F.H. FILM G-719 1/5/95 t.t

			1 - STATE REGISTRAR	SIAIE UF N	MAKYLA	NU / DEPAR	ICATE C	F HEALTH AN OF DEATH	D MEN	TAL HYGIEN REG. NO			
			1. DECEDENT'S NAME (First, Middle, Last)					A DEATH		ATE OF DEATN		1 :	3. TIME OF DEATH
v			HEA	R.			LEE		J*2	AN. o	3 199	YEAR	0713 M
_			4. SOCIAL SECURITY NUMBER	5. SEX		yrs. lest birthday)	IF UNDER 1 YEA		RS. 7. D/	TE OF BIRTH	977	8. BIRTNPI Country)	LACE (State or Foreign
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MATS.		\m	9e. FACILITY NAME (If not institution, give					VN OR LOCATION O	F DEATN		9c. COUNT	TY OF DEA	ITN
150	-	10	548 PASTURE BR	OOK ROA	D		SE	VERN			ANNE	E AR	UNDEL
V	/	DIRECTOR	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION				1	IDd. INSIDE CITY
E		2		Arundel			Severn	l				1	LIMITS?
permit		3AL	100. STREET AND NUMBER 548 Pasture Brook	r Dd				101. ZIP CODE 21144					AT COUNTRY?
020 physician. burial-transit		FUNERAL									Unite	ed St	ates
020 hrysici vurial-			11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	YES	2 XNO	13. WAS	DECENDENT OF NIS , specify Cuben, Me	SPANIC ORI	GIN? (Specify Year rio Rican, etc.)	or No 1	I4. RACE Black, 1	- American Indian, White, etc.
5-0020 nding physic is the burial		В	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			1 TYES 2 XNO Specify:					Specify:	Asian
215 attendi		E	15. DECEDENT'S EDU (Specify only highest grade	CATION COMPONENTS	1	Ida. DECEDENT'S	USUAL OCCUP	ATION		16b. KIND OF BU	SINESS/INDU	STRY	1201011
2121 tal or atter			Elementary/Secondary (0-12)	College (1-4 or 5 +	+)	Student	retired.)	most of working		Educat	ion		
AND 2121 the hospital or atte	69	COMPLET	12			Student							
YLA by the	at once.		17. FATHER'S NAME (First, Middle, Lest) Kyung Chul Lee							st, Middle, Meiden K Huyun	Sumame)		
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-tran	e pa	8	190. INFORMANT'S NAME (Type/Print)			401- 14411 1140	1000000 101			_			
	notified	2	Kyung Chul Lee			548 F	asutre	er and Number or Ru Brook R	Rd.,	Severn,	Mary]	Land	21144
may or, pag	must be		20e. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Rem	oval from State	20b. P	LACE AND DATE	OF DISPOSITION	(Name of	D	ATE 20c. LO	CATION CI	ty or Town	1, State
MC age 6	E		4 Donation 5 Other (Specify)	Truces	_ Ga	ite of F				'95 Sil	ver Sp	oring	, Maryland
ALTIMORE, death. Page 6 may be tuneral director, page	the funeral director, page val.		21. SIGNATURE OF FUNERAL SERVICE LIBENSEE 22. NAME AND ADDRESS OF FACILITY Kirkley-Ruddick Funeral Home 421 Craim Hyrk S. F. Clan Physics AD 216										VD 21061
B after			23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
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F = 24	remati	NC	immediate cause (Fine) disease or condition resulting in death) Due To (OR AS A CONSPONIENCE OF)										
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Eate phys	her	FI	CAUSE (Disesse or Injury that initiated events	c	(OR AS A C	ONSEQUENCE OF	7):						
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e la	200	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEAT			AIII L			1	
	or Hem	SIC	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 \(\frac{1}{2} \) Residence 6 Other (Specify)									
OF VI PHYSICIAN: this certific		PHY	27. MANNER OF GEATH	26e. DATE OF (Month, De	INJURY ey, Ypag)	26b. TiM	E OF 28c.	INJURY AT WORK?	_	DESCRIBE HOW I	NJURY OCCU	REO	
ON ON After th	marked,	₽	1 Natural 5 Pending 2 Accident Investigation	Found	7319	5 070	6 HX 10	YES 2 NO	Su	biect	Shot	501	1+
	2 20	<u>a</u>	3 V Stricide 6 Could not be 4 Homicide determined	26s. PLACE Of building,	F INJURY — atc. (Specify,	At home, term, a	treet, factory, o	ffice	C	OCATION (Street a ity or Town, State)	1	/ /	te Number,
DIVISION ATTEN	Item 28	Ē			and	of re	Siden	de	54	68 Pastu	ce pro	rokk	etel
TAL O	if ite	P P	29e. CERTIFIER (Check only one)	CIAN: To the best of	my knowled	ige, death occurre	d at the time, d	lete end place, and	due to the	cause(e) and men	ner as atated	Serv	tn, Mary lan
THE HOSPITAL THE FUNERAL	IMPORTANT:	COMPLET	- Xmeetone examine	Of the basis of ex	amination e	nd/or investigatio	n, in my opinior	n, death occured at	the time, d	ate end place, en	d due to the	cause(s) e	nd menner es stated.
五五五	PORT	B	296. SIGNATURE AND TITLE OF CERTIFIED	IN	1	-		29c. LICENSE I					fonth, Day, Year)
222	E 2	2	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CALL	E de pers	M-D	0/40	O.C.M	. E.		JAN	. 04	,1995
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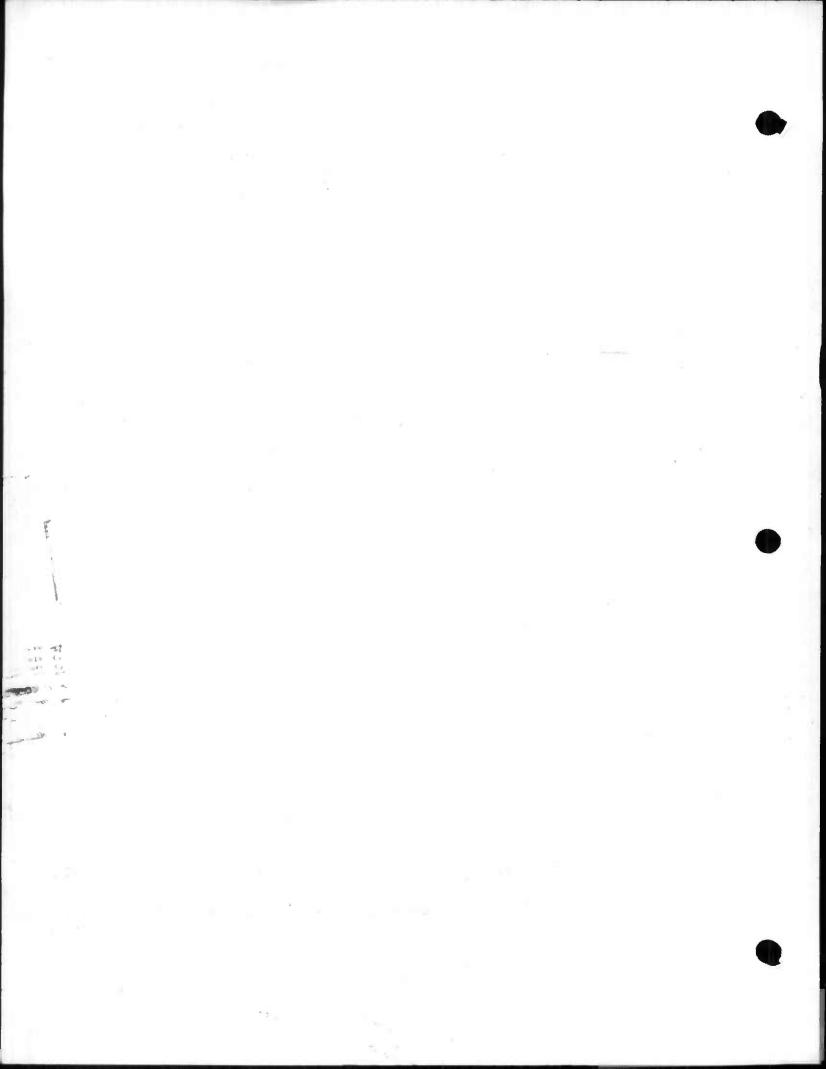
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 5 may be retained by the hospital or attending physician.

To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

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REV. HAROLD W. BRITTINGHAM 4460 SCOTIA ROAD - BALTIMORE, MD 212 20. METHOD OF DISPOSITION (Name of 1 Quarter of 1 Quarte	Code)					SS (Street	ADDRE	19b. MAILING	1						
No. METHOD OF DISPOSITION DATE 206. LOCATION — City or To Control	21227									TTNGHAM	W. BRI	REV. HAROLD	5		
Table Tabl		20c. LOCATION - CH	DATE		Isme of	OSITION /N	OF DISPO	FANDDATE	20h PLACI		ON	a. METHOD OF DISPOSITI			
21. SIGNABURED PUREAL HOME INC. 4107 WILKENS AVENUE—BALTIMORE, M 23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or conditions, and the death) BUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, and the death of the consequence of the control of the consequence of the control of the co	ACCUSATION OF THE PROPERTY OF	MADDIOT	1 1/6	ADDEM	AT CA	MODIA	other place	TI ATIN	CRES	from State			1		
ASTHMA Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fieldire. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition and presulting in death) ASTHMA	TIDATTTE		CILITY	ESS OF FA	ND ADDRES	2. NAME A	22	TIZZVAT	HARLES	SEE //					
23. PARTI I. Inter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) B. ASTHMA DUE TO (OR AS A CONSEQUENCE OP): B. DUE TO (OR AS A CONSEQUENCE OP): CAUSE (Disease or Injury that initiated events resulting in death) LAST PARTI II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (TEM 27) (Type, Pred) DID TOBACCO USE CONTRIBUTE AND DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (ITEM 27) (Type, Pred) DID TOBACCO USE CONTRIBUTE AND DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (ITEM 27) (Type, Pred) DID TOBACCO USE CONTRIBUTE AND DEATH YES CAUSE OF D	E, MD 21229	HUBBARD FUNERAL HOME INC.													
1 New total process 1 New total part 1	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 STATES 2 NO	disease or condition resulting in death) But to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): Oue to (or a								MEDICAL					
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3 Suicide 4 Homicide 5 Could not be determined 28. PLACE OF INJUNY — At home, term, street, factory, office City or fown, State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CESTIFIED. 29c. LICENSE NUMBER O · C · M · E · 3 DAYE FILED (Month Day Mar) 3 DAYID R. FOWLER 111 Penn Street, Baltimore, Maryland				□ NO			М			(month, Day		_			
296. SIGNATURE AND TITLE OF CERTIFIER. 296. LICENSE NUMBER O.C.M.E. JAN 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DAVID R. FOWLER 111 Penn Street, Baltimore, Maryland	or Rural Route Number,	2 Accident Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t LOCATION (Street and Number or Burel Brute)													
296. SIGNATURE AND TITLE OF CERTIFIER. 296. LICENSE NUMBER O.C.M.E. JAN 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DAVID R. FOWLER 111 Penn Street, Baltimore, Maryland												(Check only	JAMPLE		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DAVID R. FOWLER 111 Penn Street, Baltimore, Maryland 11 DATE FILED (Month, Day, Van) 12 BEGISTRAD'S SIGNATURE	JAN . 03/94		MBER M.E.	CENSE NUN	.29c. LICI				Z	496	OF CERTIFIER	Do. SIGNATURE AND TEXT	H		
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BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.									
	1. DECEDENT'S NAME (First, Middle, Last) ANDREW	MCCLELLA	ND			2. DATI	OF DEATH	95 YE	3. TIME OF DEATH	м
	040 00	5. SEX 6. AGE (In yrs		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mon 03	OF BIRTH th, Day, Year) 19 09		BIRTHPLACE (State or Foreign Country) aryland	,
TOR	9a. FACILITY NAME (If not institution, give street and number) Harbor Hospital 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore City									
DIRECTOR	100. STATE 10b. COUNTY 10b. Balt	imore		bor Vi			-		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 537 South 48th	1. Street		101	21224	10g. CITIZEN USA	OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 ☑ YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, spe	ENDENT OF HISPAI lefty Cuban, Maxica 2 NO Specif	in, Puerto	N? (Specify Yes Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: hite	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elamentary/Secondary (0-12)		Give kind of work Iffe. Do NOT use rel Inspecto	done during mos lired.)	N st of working		Balto.			
BE COM	17. FATHER'S NAME (First, Middle, Last) Albert McClell	and			18. MOTNER'S NA Eliza		Middle, Meiden :	Sumame)		_
TO B	19e. INFORMANT'S NAME (Type/Print) Irene McClella	und	196. MAILING ADI	ness (Street at	od Number or Rural St. Ba	Route Num	ber, City or Town	, State, Zip Coo	10)	
	20a METNOD OF DISPOSITION 1 Puriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State cematery Sac	red Hear	t of J	esus Cem			undalk	or Town, State , Md .	
	21. SIGNATURE OF FUNERAL SERVICE LICEN). Zulu		Charl	o adoness of fa es S. Ze Eastern	iler				
	23. PART I. Enter the diseases, or conshock, or heart fellure. Listing the condition resulting in death)	mplications that ceused the st only one ceuse on aech DUE TO (OR AS A COM	line.	enter tha mod	de Of dying, suc	h es cer	diac or respi	atory arrest,	Approximate interval Betwee Onset and Dec	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
AL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO								24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRI		PLACE OF DEATH (C		UNCERTAI	V 🗆			1 TYES 2 NO	
SIC		HOSPITAL:	01	HER:	5 🗆 Raeldence	ß □ Othe	r (Specify)			
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		JRY AT		SCRIBE NOW IN	JURY OCCURE	ED	一
B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, stree		ES 2 NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				\dashv
COMPLETED		AN: To the best of my knowledge								-
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER PITAYADET	On the basis of examination and		my opinion, de	29c. LICENSE NUM			29d. DATE SIG	GNED (Month, Day, Year)	-
٩	30. NAME AND ADDRESS OF PERSON WHO \mathcal{C} $\mathcal{H}\mathcal{A}\mathcal{R}\mathcal{B}$ of			3001					40RE MD 21225	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Mi									2. DATE OF MONTH	DEATH DAY	v .	YEAR	3. TIME OF DEATN
		Margaret	Mags							_	1-1-95			TEAN	615 PM
P		4. SOCIAL SECURITY NUMBER 216 36 5058)	5. SEX 1 M 2 K F	6. AGE (In yr. 78	: last birthday) YRS.	MONTHS 0	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF I	S 16	N	8. BIRTH	PLACE (State or Foreign
2, 3 should	TOR	9a. FACILITY NAME (If not institution, give street and number) Hopkins Bay View Medical Center Baltimore City 9c. COUNTY OF DEATH Baltimore City											EATN		
permit. Pages 1.	DIRECTOR		DE. COUNTY				y, town or altimo								10d. INSIDE CITY LIMITS? 1 YES 2 NO
		100. STREET AND NUMBER 2 316	Sou	th Macon		101. ZIP CODE 21224					109. CITIZEN OF WHAT COUNTRY? USA				
physician. burial-transit	r FUNERAL		11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES.							MED 13. WAS DECEMBENT OF HISPANIC OR					- American Indian, , White, atc.
as the	ED BY	3 Widowed 4 Divorced								Орислу			_	Speck	
fours after death. Page 6 may be retained by the hospital or attending physician. If in by the funeral director, page 5 should be detached for use as the buriat-tran or removal. medical examiner must be notified at once.	COMPLETE	(Specify only high Elementary/Secondary (0-12)	ghest grade		+)	DECEDENT'S (Give kind of a life. Do NOT us HOUSEW	work done dun se retired.)			g		HOME	INESS/INDU	JSTRY	
retained by the hospit 5 should be detached notified at once.	BE COI	William H.	Will:	iams					Aı	nna i	ME (First, Middl M. Nor	anbr	ock		
y be retained page 5 should be notified	10	Phyllis Gree	ne ———			906 S	.Lynn	Street a	. Cha	or Aural A ampa	ign,	Hy or Town. Illor	, State, Zip (618	320
beath. Page 6 may be funeral director, page xaminer must be		20e. METHOD OF DISPOSITION 1 String 2 Cremetion 4 Donation 8 Other (Sp.	3 🗆 Ramo		cemetery	ce and date of cremetory or o	ther plece) wn Cer	net	ery				TWOOC		
ter death. Pag the funeral di oval.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Charles S. Zeiler & Son Inc. 6224 Eastern Ave. Balto., Md.													
be executed within- cian and completely fille or to burial, cremation, aumatic event, the	RTIFICATION	23. PART I. Enter the diseration abook, or haar IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	s, f	DUE TO	isa on aach	III SEOUENCE OF	est 19: eum <i>or</i> 19:			ng, such	ss cardiac	or reapin	atory srre	st,	Approximata Interval Between Onset and Daath I hour
that the deal ed by the att th and Menta any injury,	IL CE	PART II. Other aignificant	condition	contributing to	death but n	ot reaulting	n tha unda	riying	g cause g	iven in f	Part 1. 24e	. WAS AN A	WTOPSY	24b.	WERE AUTOPSY FINDINGS
requires that the death certificate been signed by the attending physic. of Heath and Mental Hygiene pri shows any injury, or other th	MEDICAL	dementia. PERFORMED? 1 VES 2 NO DF									AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO				
has be Dept.	SICIAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO M		RIBUTE TO CA					UNC	ERTAIN					
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCER 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 No 1 No 1 No 1 No 1 No 1 No 1 No 1								sidenca (8 Other (Sp	ecify)					
OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has brours after death with the State Dept. tem 28 is marked, or item 23	ву РНУ	27. MANNER OF DEATN 1 Natural 5 Pen 2 Accident	iding satigation	28a. DATE OF (Month, D	lay, Ybar)		M	WO 1 🔲 1	URY AT PRK? YES 2	NO	28d. DESCRIE	BE HOW IN	JURY OCCL	JRED	
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED	3 Suicide 6 Cou 4 Nomicide deta	ild not be irmined	28a. PLACE O building,	F INJURY A atc. (Specify)	t home, tarm, a	itree1, factory	, office	•		26t. LOCATIO City or To	N (Street an wn, State)	nd Number o	r Rurel R	oute Number,
# 2 8 M	COMPL	one) 2 MEDICAL	EXAMINE	CIAN: To the beat of a:											and menner as stated.
TO THE HOSPIT TO THE FUNER DE filed within 7	TO BE	296. SIGNATURE AND TITLE OF	U	ender	e N	Ю				G SO	57		1	131	(Month, Day, Year)
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BALTIMORE, MARYLAND 21215-0020	Hours after death. Page 6 may be retained by the hospital or attending physician.	DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should the fact death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	WE AL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fine 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	AT. II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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Secretary Control Secretary Secretar		or not	. / -		1	7. DATE OF BIS	YTH Ybar)	8. BIRTHPLACE (State or Fareign
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The first water of the control of th	EB	1117 N. Ellamont 2	<i>7</i> .		21.	216		USA
Security Security	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — / Black. W? 11. Never Married 2 Married Process? 1 Yes 2 No If yes, specify Cuban. Maxican. Puerto Rican. etc.)							
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Elementary/Secondary (9-12) TOTAL ADDRES TOTAL MOTHERY SAME (75-12) TOTAL ADDRES TOTAL MOTHERY SAME (75-12) T	TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	work done during me	ON ost of working	16b. KIND	OF BUSINESS/IND	USTRY
WILLIAM HENRY MILES ST. Sea MATTION OF DISPOSITION Season of the Company of	MPLE		life. Do NOT	use retired.)		N	loving .	and Hauling
The INFORMATIS NAME (Population of the Population 8				//	1			
200. METHOD OF DEPOSITION 200. METHOD OF DEPOSITION 1 Openited 2 Commented 3 Agency and the Commenter of Co	100	19a, INFORMANT'S NAME (Type/Print)	195 MAII IN	G ADDRESS (Street				0-44
206. METROD OF DEPOSITION Commetter Comment Comme	임	Castile Toles	84	4 A660				
A			. PLACE AND DATE	OF DISPOSITION (N	ame of			
Service Sold Winner Ave. Baltimore, Md. 21215		4 Donation 8 Other (Specify)	t. ZiOn					
Interval Between Consection		3. SIGNATURE OF DIVERSAL SERVICE LICENSIES 13.	rl			Caj		
NAMEDIATE CAUSE (Fine) Indepth Sequentially list conditions Sequentially list Sequentially list Sequentially list Sequentially list Sequentially list Sequentially list Sequentially list Sequentia	П	PART L Enter the diseases, or complications that coused	the deeth. Do	not enter the mo	ode of dying, a	uch ss cerdlec D	respiratory arr	
DUE TO (OR AS A CONSEQUENCE OF): DUE TO		IMMEDIATE CAUSE (Finei	scn line.					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth LAST PART II. Other eignificant conditions contributing to deeth but not recuiting in the underlying cause given in Part I. PART II. Other eignificant conditions contributing to deeth but not recuiting in the underlying cause given in Part I. PART II. Other eignificant conditions contributing to deeth but not recuiting in the underlying cause given in Part I. PART II. Other eignificant conditions contributing to deeth but not recuiting in the underlying cause given in Part I. PART II. Other eignificant conditions contributing to deeth but not recuiting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1		resulting in death) a. meta Sta	the 1	ung	Ca	ncer		11 mont
PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS, AN AUTOPSY PROPRIED? PERFORMED? 1	2	DUE TO (OH AS A	CONSEQUENCE	DF): ()				
PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS, AN AUTOPSY PROPRIED? PERFORMED? 1	TIO	If any, leading to immediate	CONSEQUENCE	OF):				
PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS, AN AUTOPSY PROPRIED? PERFORMED? 1	FICA	CAUSE (Diseese or Injury C.	CONSEQUENCE ()E)·				
PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1		that mitiated events						
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO UNCERTAIN 1 YES 2 NO OF DEATH? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO THER: 1 YES 2 NO THER: 1 YES 2 NO THER: 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Dey, Year) 28. DATE OF INJURY AT WORK? 29. LOCATION (Street and Number or Rural Route Number, State) 28. DATE OF INJURY AT WORK? 29. CERTIFIER (Check only one) 29. CERTIFIER (Check only one) 29. CERTIFIER (Check only one) 29. CERTIFIER On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29. SIGNATURE AND TITLE OF CERTIFIER 29. LICENSE NUMBER 29. LICENSE NUM	CE	PART ii. Other eignificant conditions contributing to death b	ut not requiting	in the underlyin	a cause alum	In Book I		
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DECEMBER 1 Service of DEATH S	CA		at not resulting	in the underlyin	g cause given		PERFORMED?	AVAILABLE PRIOR TO
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DECEMBER 1 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DECEMBER 1 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DECEMBER 1 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DECEMBER 1 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Check only one) 25. Was CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) 1	ÆD					'	YES 2 NO	OF DEATH?
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No. 1 YES 2 NO. No.	CIA	EXAMINER? HOSPITAL:	26. PLACE OF DEA	7				
No. 1 YES 2 NO. No.	14S	1 YES 2 NO 1 Inpetient 2 ER/Outp		4 - Nursing Horn		1	**	
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and dua to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TANET Cooper At home, tarm, streat, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29f. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TANET Cooper At home, tarm, streat, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		1 Natural 5 Pending (Month, Day, Year)		JURY WO	PRK?	28d. DESCRIBE	HOW INJURY OCC	CURED
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) Tan 1995 TANET COOPER Union Memorial Hospital Pattinger. Md.		3 Suicide 8 Could not be 28s. PLACE OF INJURY	— At home, term,			28f. LOCATION	Street and Number	or Rural Route Number,
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) Tan 1995 TANET COOPER Union Memorial Hospital Pattinger. Md.	E		erry)			City or Town	, State)	
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) Tan 1995 TANET COOPER Union Memorial Hospital Pattinger. Md.	P.E.	(Check only 1 D) CERTIFYING PHYSICIAN: To the beat of my knowl						
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) Tan 1995 TANET COOPER Union Memorial Hospital Pattinger. Md.	S S	2 MEDICAL EXAMINER: On the basis of examination	and/or investigati	lon, in my opinion, o	leath occured at I	he time, data and pi	aca, and dua to the	cause(a) and manner as stated,
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TANET COOPER Union Memorial Hospital Pattimore, Md.		29h SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE N	UMBER		
JANET COOPER Union Memorial Hospital Pritimore Md.		38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) /5m	e Print)	1046	1118	1 2	an 1 1995
JAN 05 1995 Julia Swalor Rosel II		JANET COOPER Union	Mem	5 4 .	tid can	al Bri	Himo	e md.
		JAN 0 5 1995 Julia Olevelar Rad	ATURE		(

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE PLACE LINECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be mentally filled in burial, properties a steer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT THING 28 is marked, or item 23 shows any injury, or other traumatic event, the medical manning must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	LUIS ALONSO	MELGAR				JAN.		AR 95 1350 P M	
		ì	au.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.1	BIRTNPLACE (State or Foreign	
	227 00 2071	⊠ м²□F 62	YRS.		(A.S.)	FEB. 7, 1932	2 HO	NDORUS.AMERICA	
α	9e. FACILITY NAME (If not institution, give stree				R LOCATION OF D		9c. COUNTY	OF DEATN	
DIRECTOR	3446 WILKENS AV	ENUE		BALTIN	MORE CI	TY			
RE	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION			10d, INSIDE CITY	
	MARYLAND 10e. STREET AND NUMBER			BALT	IMORE			14 YES 2 NO	
FUNERAL	2675 WILKENS AVENUE			101	2122		1	OF WHAT COUNTRY?	
JNE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF			12 480 050		NIC ORIGIN? (Specify Ve		.S.A.	
	1 Never Married 2 Merried FORCES? 1 YES 2			If yes, spe	cify Cuben, Mexic	en, Puerto Rican, etc.)	3	RACE — American indien, Black, White, etc.	
ВУ	3 Widowed 4 Divorced			1 123	2 NO Speci	·y.		Specify: WHITE	
COMPLETED	(Specify only highest grade completed) (C			WAL OCCUPATION done during mo	IN st of working	16b. KIND OF BU	SINESS/INDUST	RY	
PLE	Elementary/Secondary (0-12) College (1-4 or 5 +) Mile			etired.)		DATNTT	NG COMP.	ANV	
MO	17. FATHER'S NAME (First, Middle, Lest)				16 MOTNED'S N	AME (First, Middle, Maiden		DIN I	
BE C	LEOPOLDO MELGAR					MELGAR	Surneme)		
TO B	19a. INFORMANT'S NAME (Type/Print)		196. MAILING AL	DDRESS (Street e	nd Number or Rural	Ploute Number, City or Tox	vn, State, Zip Cod	(e)	
F	MRS. ELVIA MELGAR		2675	WILKENS	AVENUE	- BALTIMOI	RE, MD	21223	
	20e. METHOD OF DISPOSITION 1X☐ Buriel 2 ☐ Cremation 3 ☐ Remova		PLACE AND DATE OF I				CATION — City		
	4 Donation 6 Other (Specify)		DUDON PAR	-	ERY O ADDRESS OF FA		ALTIMOR	E	
	• [] []	MIC		HUBBAR	D FUNER	AL HOME, IN	NC.		
_	To him a	will con	Z	4107 W	ILKENS A	AVENUE-BAL	rimore,	MD 21229	
	23. PART I. Enter the diseeses, or con shock, or heart failure. Lia	t only one cause on e	ch line.					interval Between	
	iMMEDIATE CAUSE (Finel disease or condition	Attain	of A	- 10	11: m	10		Onset and Death	
	immediate Cause (Finel disease or condition resulting in death) a. Alling Clertic Cardio Vocale Diverse Due to (or as a conscouence of):								
z									
5	Sequentisity list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):				10-		
S	CAUSE (Disease or injury	DUE TO (OR AC A	2011050151105						
CERTIFICATION	that initiated events resulting in death) LAST	DOE TO (OR AS A	CONSEQUENCE OF):						
	d								
SAL	PART II. Other significent conditions of	ributing to deeth be	it not reaulting in t	the underlying	ceuse given in	Part I, 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
ğ	- purizio	uncep				1 _ YES :	NO	OF DEATH?	
Σ	DID TOBACCO USE CONTRIB	LITE TO CALISE O	DEATH VEC		LINICEDTAL	TIE LA CO	1.	1 TES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		8. PLACE OF DEATH		UNCERTAI	N L OUSTO	eller		
Sic		OSPITAL:	tient 3 DOA 4	THER:	5 🗆 Residence	8 X Other (Specify)	LIMO		
높	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. INJU	JRY AT	28d. DESCRIBE HOW		0	
BY	Natural 5 Pending Investigation				ES 2 NO				
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, atc. (Speci	— A1 home, farm, stre	et, factory, office		281. LOCATION (Street City or Town, State)	and Number or Ro	ural Route Number,	
OMPLETED	no. converse								
ĒΝ	onel	N: To the best of my knowle							
8	MEDICAL EXAMINER: (on the basis of exemination	end/or investigation, i	n my opinion, de			nd due to the cau	ree(e) end manner ee stated.	
18	296. SIGNATURE AND TITLE OF CERTIFIER	1-11-7	. 1		29c. LICENSE NU			NEO (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	int)	0.C.1	4.E	JAI	N. 4,1995	
	THE POOLE 1	()		,	t, Bal	timore, M	larvla	nd 21201	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S STON	TURE						
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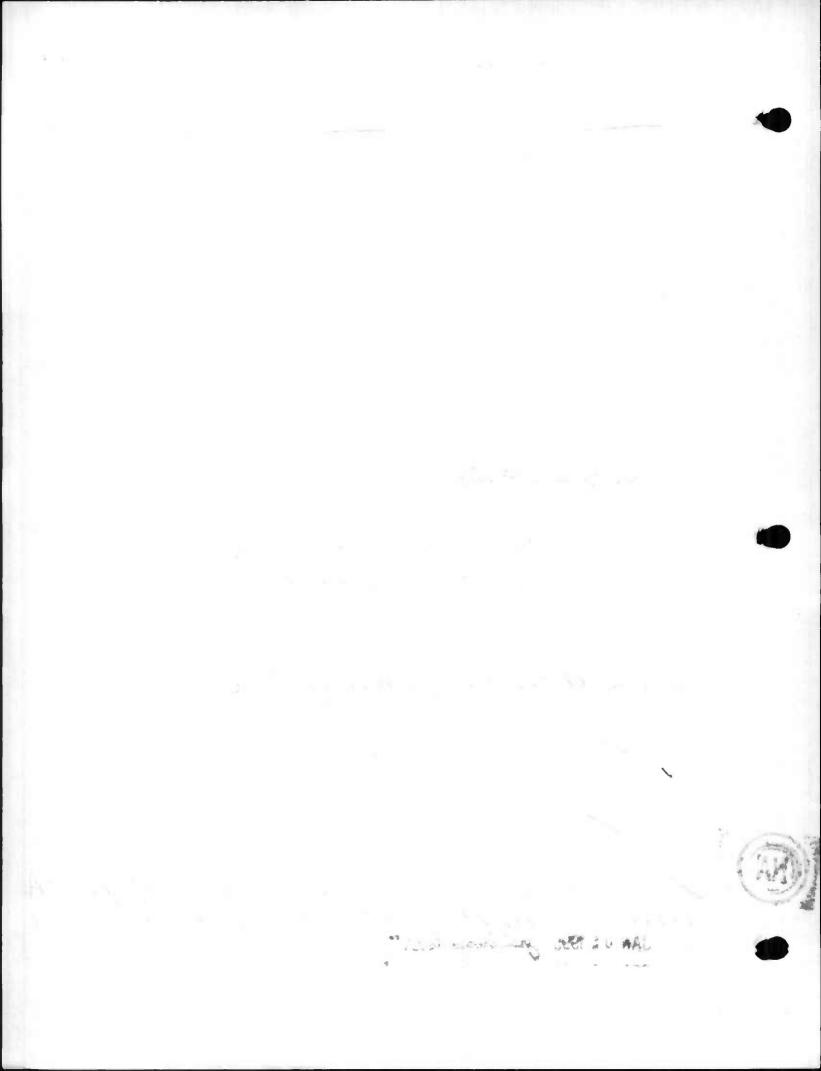
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	is certificate has been signed by the attending physical	hours after death with the State Dept. of Health and	It som 28 is marked, or item 23 shows any injury, or other traumatic event, the med
	signe	-leaft	25
	Den :	of t	thou
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGIS 1 -

E STRAR	STATE OF I	MARYLAND / DEI CERT	PARTMENT OF HEALTH ANI	MENTAL HYGIENE REG. NO.
T'S NAME (First, Middle, Last)	Joseph	Francis	Minske	2. DATE OF DEATH MONTH DAY

\neg								DEA		n	EG. NO.			
	1. DECEDENT'S NAME (First, Mid	idle, Last) Jo	seph	Franci		m	Mins			2. DATE OF E	DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SE	EX	6. AGE (In yrs. I		IF UNDE		IF UNDER	24 HRS	7. DATE OF B		/ /		IPLACE (State or Foreign
	213-14-063		10 2 □ F	83		MONTHS	DAYS	HOURS	MIN.	(Month, De	y, Year)	106	Counti	yland
	9a. FACILITY NAME (If not institut	tion, give street and	d number)			9b. CITY	, TOWN (R LOCATIO	ON OF DEA		/		NTY OF D	EATH
DIRECTOR	Frederick Villa Nursing Cente				Catonsville Bultimo				timor	e, maryland				
8		b. COUNTY			10c. CF						10d. INSIDE CITY			
	Maryland Baltimore					Catonsville					LIMITS? 1 ☐ YES 2 🛣 NO			
FUNERAL	100. STREET AND NUMBER 2116 Rockwell	1 Avenue	e		101. ZIP CODE 21228			10g. CITIZEN OF WH USA			VHAT COUNTRY?			
ξļ	11. MARITAL STATUS	12 W	MS DECEDEN	T EVER IN U.S. /						- 14 . 14				
	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES						If yes, sp	ecify Cuba	n, Maxican	Puerto Rican	n, atc.)	or No-	Black	E — American Indian, c, White, atc.
BY	3 Widowed 4 □ Divorced	1		MAR OR DATES			1 🗌 YES	2 🔼 NO	Specify:				Speci	""White
COMPLETED		NT'S EDUCATION thest grade comple		16a. (ECEDENT'S	USUAL O	CCUPATIO	ON	M	16b. KIN	O OF BUS	INESS/INC	DUSTRY	
9	Elementary/Secondary (0-12)		ege (1-4 or 5 -		Give kind of te. Do NOT u			or or worran	9					
필	TICU			Pay	roll	Cler	:k			Umb:	rella	a Mai	nufac	cturer
ő	17. FATHER'S NAME (First, Middle,							18. MOTH	HER'S NAM	E (First, Middle	s. Maiden :	Sumame)		-
BE C	Willian	n Minske	е							Kather	cine	Krou	ise	
2	19a. INFORMANT'S NAME (Type/F	Print)		1	9b. MAILING	ADDRES	S (Street a	nd Number	or Rural Ro	oute Number, C	alty or Town	ı, State, Zip	Code)	
۲	Carroll T. Gi	iese, Ji	r.		2116	Rock	ve11	Aver	1110	Catons	svill	le N	س 21	228
1	20a METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3			20h PLAC	FANDDATE	OF DISPOS	SITION (No	ma of		DATE	200 1 00	ATION -	City or To	num Cteta
	4 Donation 5 Other (Spe	ecify)		New (Cather	ither place)	Ceme	eterv	7 01	/05	Ba1	ltimo	ore.	MD
- 1	21. SIGNATURE OF PORESIAL SE	TRVICE LICENSEE	May	111		22.	NAME AN	ID ADDRES	SS OF FACI	1 Home				
	George	E. Mach	Vabb			30)1 F ₁	reder	ick	Road	Balt	.A.	MD 2	21228
	23. PART I. Enter the disease	ses, or compli	cationa the	t caused the d	leath. Do	not enter	the mo	de of dyl	ng, such	aa cerdiec	or reapi	ratory an	rest,	Approximate
	shock, or heart IMMEDIATE CAUSE (Final				A			-	,					Interval Between Onset and Death
}	disease or condition RESPINATORIA RESPINATORIA Constant deliberation of the second disease or condition of the second disease of the second disease or condition of the second disease of the second dis													
	disease or condition and death) a. RESPINATORY FAILURE DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, b. ACUTE BY ONCO 11/15													
z		C a /	400	rte	- 6	Vn	ne	hi	1/1	Š				
E	If any, leading to immediate													
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c												
Ë	that initiated events resulting in death) LAST		DUE TO	(OR AS A CONS	EOUENCE O	F):								
CERTIFICATION		d												
- 1	PART II. Other significant c	conditione cont	tributing to	death but not	resulting	In the u	nderlying	cause g	lven in P	art i. 24a.	. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL	Chronic 1	OBSTY	vet	IVE	NUL	mo	na.	the .	disc	250	PERFOR	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
				-				1		44	, .20			DF DEATH? 1 YES 2 NO
2										_				1 123 2 NO
₹ I	25. WAS CASE REFERRED TO ME	EDICAL					26. PL	ACE OF DI	EATH (Chec	k only one)		-		
PHYSICIAN:	EXAMINER?		SPITAL:	ER/Outpetient	3 DOA	OTHE		e 5 □ Re	sidence 8	Other (Spe	ecify)			
Ê	27. MANNER OF DEATH	1	28e. DATE OF (Month, D		28b. TIN		28c. INJ			28d. DESCRIE		JURY OC	CURED	
Β¥	1 Natural 5 Pend 2 Accident Inves	ding stigation	(Month), D	ey, 1007)		M		ES 2	NO NO					
_		ra not be	28e. PLACE O building,	F INJURY — At I atc. (Specify)	ome, farm,	atreet, fac	lory, offici			281. LOCATION		nd Number	or Rural R	loute Number,
		rmined												
립	Check only 1 CERTIFYII	NG PHYSICIAN: T	o the best of	my knowledge, o	leath occurr	ed at the t	ime, date	and place,	and due to	o the cause(a)	end men	ner as stat	led.	
one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(a) and manner as 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 4 29d. DATE SIGNED (Month Posy, Year)) and manner as stated.						
								(Month Day, Year)						
2	4	M	1	<u> </u>				02	8	256	2	>	1/3	1958A
4	DOVIGE S	5 SY	Mai	SE OF DEATH (IT	EM 27) (Type	1. Print)	01	107	20.6	evil	L	12	0'	21229
	31. DATE FILED (Month, Day, Year)	1995	REGISTRA	R'S SIGNATURE	1.110	Ŋ								
	JUM OB	1333	The Contract of the Contract o	CANADA INC	704									



Tage 6 may be retained by the hospital or attending physician. director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	TO THE HOSPITAL. OF JOHN PHYSICIAN: The law requires that the death certificate be executed within services after death. Pe	TO THE FUNERAL MELTING ARE THIS Certificate has been signed by the attending physician and completely filled in by the funeral of	be filed within 72 merchant and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 when red, or Item 23 shows any Injury, or other traumatic event, the medical examine
	-	_	43	-

											95	0	0	115	
		FOR STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR	TMENT OF	HEALTH F DEA	AND I		HYGIEN REG. NO					
	1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			3. T	IME OF DEATH	4
			Robert M	ledford	Mc C	oy			Janua	arv 1	. 19	95			М
1	1	4. SOCIAL SECURITY NUMBER 5.	SEX 6	AGE (In yrs. lest	t birthday)	IF UNDER 1 YEA	R IF UNDE	R 24 HRS.	7 DATE OF	BIRTH	, , ,	8. BIRTH		E (State or Fore	eign
		215-28-2589	M 2 □ F	62	YRS.	MONTHS DAY	HOURS	MIN.	Mar. 2	ey, 16er) 20 1	932	Country	์ ปลา	yland	
		9a. FACILITY NAME (If not institution, give street	and number)			9b. CITY, TOW	N OR LOCAT	ION OF DE				NTY OF DI		Jana	
DIRECTOR		Johns Hopkins Bay	view Medi	cal Cer	nter	Ba	ltimo	re C	ity						
្ត		10a. STATE 10b. COUNTY			10c. CIT	Y. TOWN OR LO	CATION							INSIDE CITY	
1 8	1	Maryland				Ba	ltimo	re Ci	i t.v					LIMITS?	10
	- 1	10e. STREET AND NUMBER					10f. ZIP COD				10g, CITI	1 YES 2 NO			
FUNERAL		3416 E	. Fairmo	unt Ave	enue	1		2	21224					ates	
3		ti. MARITAL STATUS	WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMDENT OF HISP			OF HISPAN	NIC ORIGIN? (Specify Yes		14. RACE	- A	merican Indian	n.		
1L		1 □ Never Married 2 ◯ Married FORCES? 1 □ YES 2 □ NO It yes, specify Cuban, Maxic IF YES, GIVE WIRT OR DATES 1 □ YES 2 ☒ NO Spec							in, etc.)		Black Specif	, Whi	te, atc.		
BY BY	ı	3 Wildowed 4 Orvorced									_	White			
TED		15. DECEDENT'S EDUCATI (Specify only highest grade con	ION npleted)	/Gh	ve kind of v	USUAL OCCUPA	TION most of worki	ing	16b. KI	ND OF BUS	SINESS/IND	USTRY			
1 2			College (1-4 or 5+)		nage					boo	Servi				
COMPLET		12 17. FATHER'S NAME (First, Middle, Last)		110	inage	• 1	10.000					.ce	-		
	۱		Robert Wi	lliam M	1c Co	/	18. MO1		ME (First, Midd Edna F		Surname)				
BE BE		19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Stre	of a mod Africantic				0		_		-
		Mary L. McCoy		199		E. Fai							4	21224	
9		20s. METHOD OF DISPOSITION	_	20h PLACEA		FDISPOSITION		C AV	DATE		CATION -				_
TSNE.	ŀ	1 N Burial 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)	1 from State			F Faith		1/5/						ryland	1
		21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE Milton	JaKrligh			AND ADDRE								
examiner	ļ	· mitter	MITWIE	NIIGH	IL UI	F20F	11				J. F				
	╣	23. PART I. Enter the diseases or/one	plications that c	Ollege de	eth Do e	0.300	Harto	ora K	oad B	altin	lore,	Md.	21		
medical	ı	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart fellure. List only one begins on each line. Approximata Interval Batween													
	IMMEDIATE CAUSE (Finel disease or condition								-	Onset and	Death				
E E	H	resulting in death)					OLYVE	>1					-1	ninute	
2 7	COVORARY arter dispase								NOGE	9					
CERTIFICATION		Sequentielly list conditions, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):								Jem					
S E	1	cause. Enter UNDERLYING			· ·								-		
	1	CAUSE (Disease or Injury that initieted events	DUE TO (O	R AS A CONSEO	UENCE OF	7:									
	I	reauiting in deeth) LAST													
3	į	PART II. Other algnificent conditions of	ontributing to de	eth but not re	sulting	n the underly	ing ceuse	given in	Part I 24	a. WAS AN	AUTOPSY	24h	WEDI	E AUTOPSY FINE	DINGS
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MEDIC.	١		1		<u> </u>				- 1	YES 2	NO		DF D	EATH?	
M N		DID TOBACCO USE CONTRIB	LITE TO CALL	SE OF DEAT	TLI VE	S 🗆 NO		CEDTAIN					1 [YES 2 NO	3
NA N		25. WAS CASE REFERRED TO MEDICAL	OIL TO CAU			H (Check only o		CERTAIN					_		
PHYSICIAN: MEDICAL	ı		OSPITAL:	R/Outpatient 3		OTHER:			a [au						
H X	ı	27. MANNER OF DEATH	28s. DATE OF IN	JURY	28b. TIM	4 Nursing H	NJURY AT	sidenca	28d. DE\$CR		NJURY OCC	URED			
2		1 Netural 5 Pending	(Month, Day,	Year)	INJ	URY	WORK? YES 2	NO NO							
200	ı	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF I	NJURY — At hon	ne, tarm, s	treet, factory, of	fice		28t. LOCATIO	ON (Street a	and Number	or Rural R	oute I	Vumber,	
F		4 Homicide datermined	building, ato	. (эреспу)					City or 1	own, State)					
E H		29a. CERTIFIER CERTIFYING PHYSICIAN	N: To the best of m	knowledge, des	th occurre	d at the time. d	nte and place	, and due	to the cause/	a) and men	ner as stat	ed.	_		
COMPL	ł	one) 2 MEDICAL EXAMINER: 0											and	manner aa stsi	ited.
	ŀ	296. SIGNATURE AND TITLE OF CENTIFIER 1			_			ENSE NUM		-				h, Day, Year)	
BE 0		Tank IN NAM	Ctul 1				D	42	132	, [•	110		2	
티	ŀ	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE	OF DEATH //TEM	27) (Time	Orint)		1	1			43	4	15	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. BEGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

JAN 0 5 1995

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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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Рафе 6 п	J director,		
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DOC.	lled ir	tion, or re	
within 24 hours after deat	d by the attending physician and completely filled in by the funeral directs	cremation	
executed	and corr	burial,	
ate De	hysician	Mental Hygiene prior to bu	
n cerum	anding p	Hygiene	
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equires mar me des	DIRECTOR: After this certificate has been signed by the	ours after death with the State Dept. of Health a	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 0321 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 1 - M 2 - F 3 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH of Maryland University DIRECTOR Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Baltimore 1 YES 2 - NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2548 ARUNAH 21216 U.S. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuban, Maxican, Puerto Rican, atc.)
 O Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced Black COMPLETED 15. DE ... 'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) College 4 Insurance Agent State Farm Insurance Co 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Hurman Parker Vandelia notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 2 Michael Maybin 2548 Arunah Avenue Baltimore, Maryland 21216 pe 20e. METNOD OF DISPOSITION

1 V Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Arbutus Memorial Park Jan 7 Baltimoe County, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc 2501 Gwynns Falls Parkway Leven Parker Baltimore, Maryland medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximsta ahock, or heart failure. List only one cause on each ilne. intarvai Between IMMEDIATE CAUSE (Final **Onset and Death** the state of disease or condition resulting in death) event, arrhy traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other that initiated events reaulting in death) LAST eeclampsia 0 any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO Shows 1 - YES 2 1 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Hem EXAMINER? HOSPITAL:
1 Sinpatient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Nome 5 ☐ Rasidence 6 ☐ Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO ВҮ 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28 is r 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide OMPLETED 6 Could not be determined 4 Homicide HAL DIREC 29a, CERTIFIER 1 CERTIFYING PNYSICIAN: To the beet of my knowledge, death occurred at the time, data and place, end due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) end manner as stated. 29b. SIGNATURE AND TITLE OF C 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

University

Jr. MD

32. REGISTRAR'S SIGNATURE

32. REGISTRAR'S SIGNATURE

Robert T. Maupin

5 1995

31. DATE FILEO (Month, Day, Year)

Bulhmore Maryland 21201

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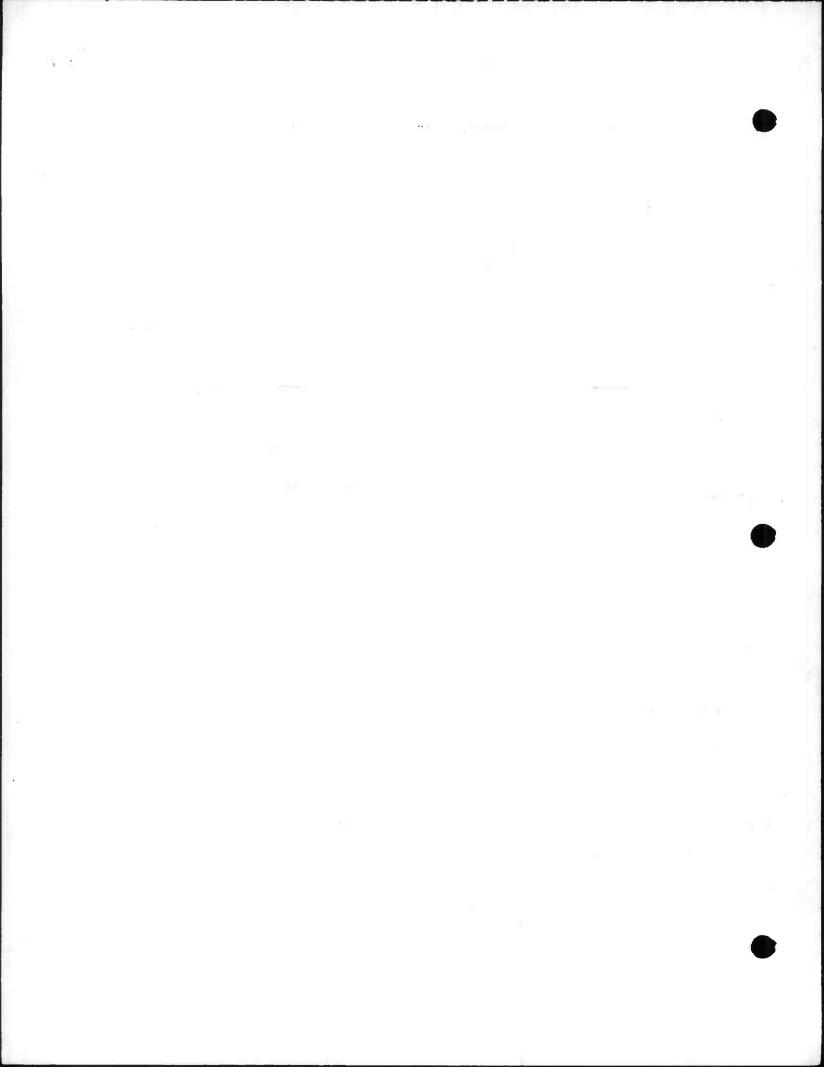
permit. Pages 1, 2, 3 should DE MARYLA stained by the 5 should be deta 16 page 5 should notified Page 6 may be 2 must funeral director. the medical examiner within hours after death. the filled in by completely traumatic event, bunial, prior to any certificate has been in the State Dept. of 23 Item 6 28 is marked, with c After DIRECTOR: / item FUNERAL I TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1

95 00117 Items1,17818,g-719,1-5-95,perf.h.,dr 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH ROBER NICOULOUS Robert Earl Nichols 7:05 R 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign JUL .8, 1952 HOURS DAYS 1 X M 2 - F "CAROLINA 213-62-1869 YRS. N. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GENERAL MD. HOSPITAL BALTIMORE CITY n/a RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND n/a BALTIMORE X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? EUTAW PLACE apt.B-1 21217 UNITED STATES 1911 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whits, etc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1) Never Married 2 Married BY Specify BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) / master's LABORER degree n/a 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Benjamin Jones BENA-Florence Nichols 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 PEACH LANE, FOGLESVILLE, PENNSYLVANIA 18051 **JAMES** NICHOLS 20s. METHOD OF DISPOSITION

1X Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE WESTERN STAR CEMETERY 1+7 CATONSVILLE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.-1101 E. NORTH AVENUE 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Batween IMMEDIATE CAUSE (Finel Onset and Deeth disease or condition Bilateral Prenmonia reaulting in death) Chronic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING Chronic CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 NO ΒY Investigation 28a. PLACE OF INJURY — Al homs, farm, atreet, factory, offica building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED a Could not be 4 🔲 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placs, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Muhammad Waseem, M.D. c/o Maryland General Hospital 1-2.95 2

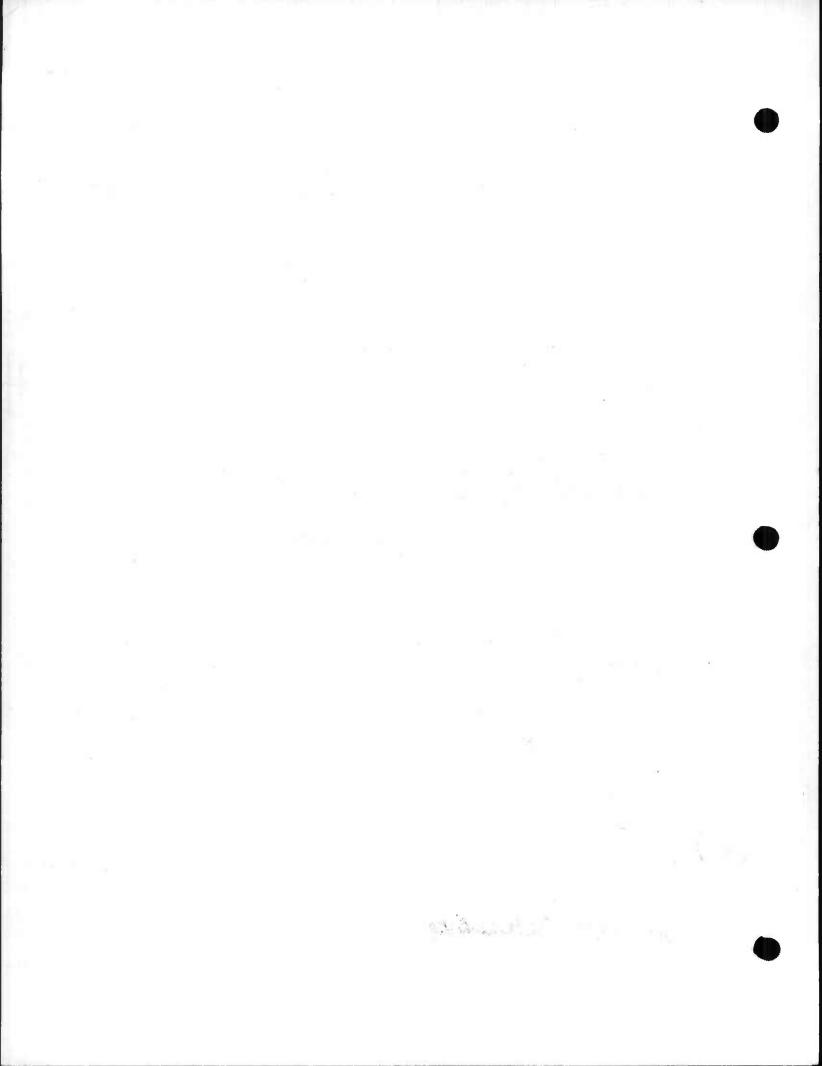
32. REGISTRATIO SIGNATURE PORTAL



TO THE HOSE TALL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within the The TALL DIRECTOR. After this certificate has been signed by the attending physician and completely be into within 27 notes after death with the State Dept. of Health and Mental Hyglene prior to burist, cremail Mental Hyglene prior to burist, cremail Mental Hyglene prior to burist, cremail Mental Hyglene prior to burist, cremail Mental Hyglene prior to burist, cremail Mental Hyglene prior to burist, cremail Mental Hyglene prior to burist, cremail Mental Hyglene prior to burist, cremail Mental Hyglene prior to burist, cremail Mental Hyglene prior to burist, cremail Mental Hyglene prior to burist, cremail Mental Hyglene prior to burist, cremail Mental Hyglene prior to burist. DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bin	thday) F	UNDER 1 YEAR	IF UNDER 24 HRS.		E OF BIRTH	٠, ١		IPLACE (State or For	
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5	11. MARITAL STATUS	12. WAS DECEDENT	YES 2 NO		13. WAS DE	CENDENT OF HISPA	NIC ORIG	IN? (Specify Yes	or No-	14. RACE	American India	١,
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d l	12	3	Pharm	acy N	Manage	r		Coloni	lal A	apoth	ecary	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First,	Middle, Malden	Surneme)	** *		
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BE (19a. INFORMANT'S NAME (Type/Print)		19b, M	AILING AD	DRESS (Street	end Number or Rural	Route Nur	mher City or Thw	n State 76	n Code)		-
6	Mr. Glenn W. Nash	ı	518	Edge	ewater	Road		dena, N			21122	- 1
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	20a, METHOD OR DISPOSITION 1 □ Burlel 2 ☑ Cremation 3 □ Rem 4 □ Donation 8 □ Other (Specify)	oval from State	cometery, cremate Metro C	ory or other	place)	ame or	DA			City or To		,
	21. SIGNATURE OF FUNERAL SERVICE LIC	Zwier	Metro C.	remat			1/3	/95 Ba	iltin	ore,	Marylan	a
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	23. PART I. Enter the diseases, Dr.	omplications that	caused the death	. Dp not	enter the me	ode of dying, suc	h ss cs	rdisc pr respi	ratory er	rest.	Approxima	
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BANDELEIED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation investigation determined 2 Accident Investigation determined 2 CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (DUE	OR AS A CONSCOUER OR AS A CONSCOUER OR AS A CONSCOUER DR AS A CONSCOUER OR AS A CONSC	YES	NO [UNCERTAIL UNCERTAIL TO S Residence URY AT TYPES 2 NO The original residence of the second due to the second due to the second of the	Part I. 8 Oth 28d. D8 28f. LO C(f)	PERFORM (Specify) SCRIBE HOW II CATION (Street or 70wn, State)	AUTOPSY MEDT AUTOPSY NJURY OC and Number ner ee stat d due to th	CURED r or Rural Ri ted., he cause(e)	were autopey fin and a feet from the foundation of ca of geath? 1 Yes 2 No	Double S
BECOMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Check only one) Certifying Physic (Check only one	DUE TO (DUE	OR AS A CONSCOURT OR AS A CONSC	YES THING IN III YES THING IN III YES THING IN III THING OF INJURY THING OF INJURY THING OF INJURY	NO Check only one) Check only one) HER: Nursing Hon 28c. IN. M 1 R, fectory, office the time, dete	UNCERTAII TO S Residence TURY AT THEY	Part I. S Oth 28d. DE 28f. LOC C/n to the cs time, dat	Dis. WAS AN PERFORM TO YES 3 OCCUPATION (Street of or Town, State) Susse(s) and men is and place, and	NJURY OC	CURED To r Rurel Ri ted., ne ceuse(e)	were autopey fin and a feet from the foundation of ca of geath? 1 Yes 2 No	Double S
BECOMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Check only one) Certifying Physic (Check only one	DUE TO (DUE	USE OF DEATH 28. PLACE OF ER/Outpatient 3 28 FINJURY At home, stc. (Specify) To DEATH (ITEM 27) D. / 1600	YES THING IN III YES THING IN III YES THING IN III THING OF INJURY THING OF INJURY THING OF INJURY	NO Check only one) Check only one) HER: Nursing Hon 28c. IN. M 1 R, fectory, office the time, dete	UNCERTAII TO S Residence TURY AT THEY	Part I. S Oth 28d. DE 28f. LOC C/n to the cs time, dat	Dis. WAS AN PERFORM TO YES 3 OCCUPATION (Street of or Town, State) Susse(s) and men is and place, and	NJURY OC	CURED To r Rurel Ri ted., ne ceuse(e)	were autopey fin and a feet from the foundation of ca of geath? 1 Yes 2 No	Double S



BALTIMORE, MARYLAND 21215-0020	age 6 may be retained by the hospital or attending physician.	director, page 5 should be detached for use as the burial-transit
	hours after death. Pe	led in by the funeral of
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit house after death with the State Death of Marial Harison price to burial-transit

Pages 1, 2, 3 should permit. notified at pe must examiner medical the event, traumatic other 0 injury, shows any 23 item this certific with the S DR ATTENDING PHYSICIAN 10 marked. DIRECTOR: After the hours after death v 60 200 Hem TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 ho

CERTIFICATION

MEDICAL

PHYSICIAN:

ВУ

COMPLETED

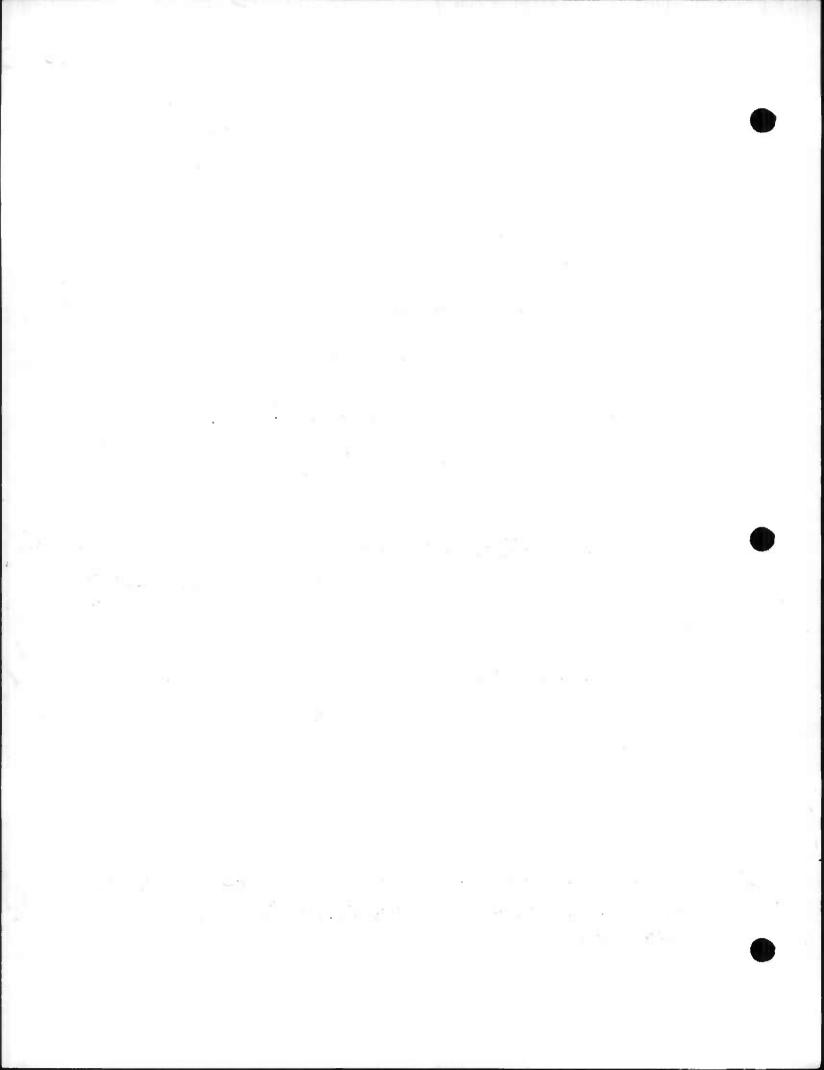
2

1 - S

OR TATE EGISTRAR	STATE OF	MARYLAND / DEPAR CERTIF	TMENT OF H	EALTH AND	MENTAL HYGIEI	
EDENT'S NAME (First, Middle, Last)		,			2. DATE OF DEATH	
OWEN WALDO JAME	ES,JR.				JAN.	DAY
AL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	

1. DEC 3. TIME OF DEATH YEAR 1995 11:00 P.M 4 500 8. BIRTHPLACE (State or Foreign 213-40-1783 1 K M 2 - F 52 YRS. 3/13/42 Maryland 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Stella Maris Hospice Towson Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION tod. INSIDE CITY Maryland Baltimore Cub Hill 1 - YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2711 Sarah Lane 21234 USA WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuban, Maxican, Puarto Rican, atc.)
 YES 2 XNO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementery/Secondary (0-12) College (1-4 or 5+) Allied Signal Yrs. Financial Analysis 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Owen W. James, Sr. Elizabeth B. Benedick BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lee E. James 2711 Sarah Lane Baltimore, MD 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Metro Crematory, Inc. 1/3/95 Catonsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Johnson Funeral Home 8521 Loch Raven Blvd. Towson, MD 21286 Art 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reaptratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Batween **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) 10 mos. COLONCANCER DUE TO (OR AS A CONSEQUENCE OF). Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO LIVER METASTASES COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO X UNCERTAIN I 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: 1 Inpatient 2 I ER/Outpatient 3 I DOA 4 Nursing Home 5 Residence 6 Deter (Specify) HOSPICE 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, atreat, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be 4 Homicide determined 29a. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner ea stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) endall. L, 3/ 95 deines 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

KENDALL R. FAULKNER MD BRUTIMORE VALLE ROAD 4 32. REGISTRAR'S SIGNATURE



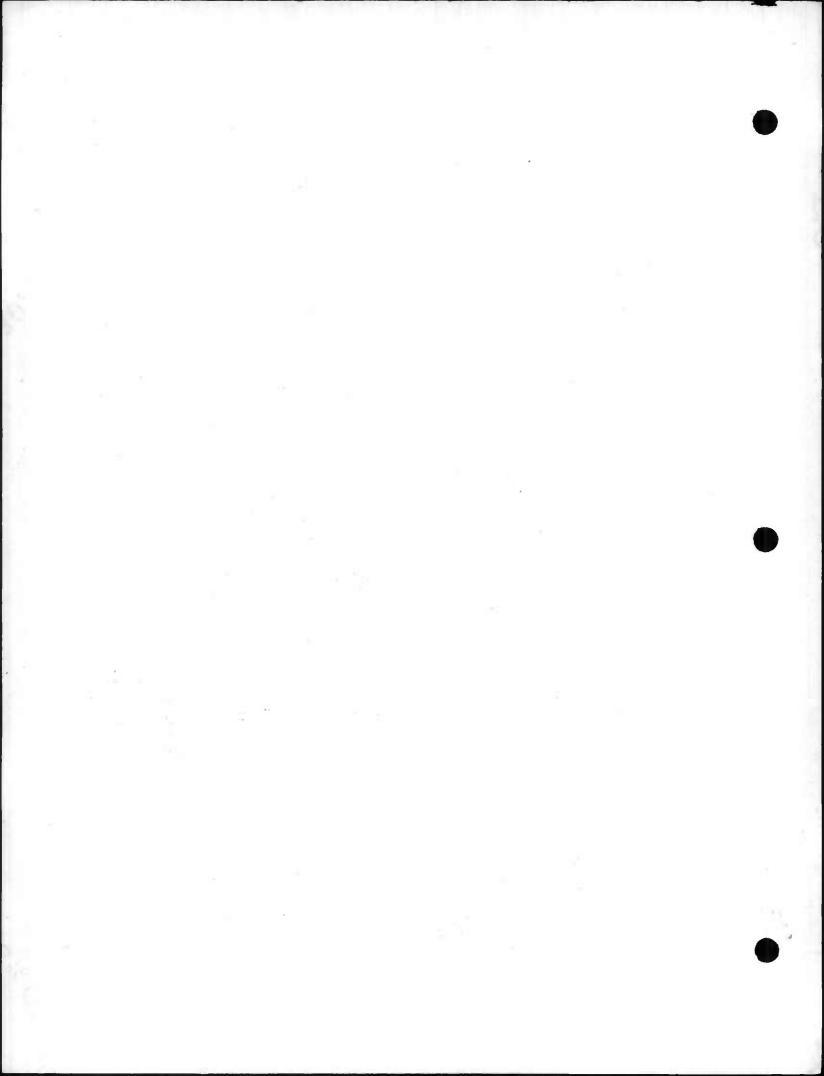
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Duris after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

_	REGISTRAR			JERITE	ICATE	OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	70/	OI TUD CI					2. DATE OF MONTH	DEATH	,	YEAR 95	3. TIME OF DEATH
	. ITMMTE E.		OWERS	to at the late about	IF UNDER 1 Y			1	1			4:55 P M
	214 56 5935	1 € M 2 □ F	45	YRS.		EAR AYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	5-49	'	Country	PLACE (State or Foreign) Md
Ì	9a. FACILITY NAME (If not institution, give st	44	47		9b. CITY, TO	OWN C	OR LOCATION OF DE		J 49	9c. COUNT	Y OF DE	
FUNERAL DIRECTOR	DVA MEDICAL CENT	ER			FORT HOWARD					BALTIMORE		
Ä.	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR	LOCAT	TION					10d. INSIDE CITY LIMITS?
ā	MD			BA	LTO							1X YES 2 NO
₹	10e. STREET AND NUMBER					101	. ZIP CODE		I	10g. CITIZI	EN OF W	HAT COUNTRY?
岁	4967 EDGEMERE						21215			Ü	ı.s.	Α.
BY FU	11. MARITAL STATUS XX Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1X IF YES, GIVE WAF	XYES 2		If y	en, sp	ENDENT OF HISPAN ecity Cuban, Mexica 2X NO Specifi	n, Puerto Rici		or No — 1	4. RACE Black, Specify	- American Indian, White, atc.
	15. DECEDENT'S EDUC	CATION	16a. I	DECEDENT'S	USUAL OCCI	JPATIC	ON	16b, KI	ND OF BUSI	INESS/INDU	STRY	55.101
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 1 1 T H	College (1-4 or 5+)	- '	(Give kind of v life. Do NOT us	vork done duri se retired.) NOWN	ng mo	st of working					
5	17. FATHER'S NAME (First, Middle, Last)			ONK	IACAM		18. MOTHER'S NA	ME (First Mid	tin Maidan S	2 management	_	
	FRANK POWERS	5					PAULI		MILL			
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	treet a	nd Number or Rural I				Code)	
2	PAULINE HART						EWAY AV				212	13
	20n. METHOD OF DISPOSITION		20b. PLAC	EANDDATE	OF DISPOSITION	ON (Na	me of	DATE	_	ATION - CI		
	1 Surial 2 Cremation 3 Remo	oval from State	°°G'A'R	RTSO	n' p'Fof	RES	ST VET	1695	OW	INGS	MI	LLS,MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NA	ME AN	ID ADDRESS OF FA	CILITY				
	+ / Yetu W.	Tandan	_		MZ	RC	CH F/H-	ጥድዌህ	4300	[A] A D	A C LI	Aur
\dashv	23. PART i. Enter the diseases, or o	omplications that	sused the	death. Do n								Approximats
	snock, or heart failure.	List only one cause	on aach II	na.					o. roapii	,	***	Intarval Between
	IMMEDIATE CAUSE (Final disease or condition	PNEUM	ONTA									Onset and Death
	resulting in death)			SEQUENCE OF	D:							-
_		END STAG				ODF	EFTCTENCY	SYND	ROME			j
፬	Sequantially ilst conditions, if any, lasding to immediate			SEQUENCE OF								<u> </u>
CERTIFICATION	csuse. Enter UNDERLYING	C										
Ξ	that initiated events	DUE TO (O	R AS A CONS	SEQUENCE OF	7):							
H H	resulting in daeth) LAST	d	-									
	PART ii. Other algnificant condition	s contributing to da	ath but no	t resulting	n tha unde	rlying	cause givan in	Part i. 24	a. WAS AN A	WTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL									PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE
								_ '	YES 2	M MO		OF DEATH?
	DID TOBACCO USE (CONTRIBUTE	TO CAL	USE OF	DEATH	ΙΥ	ES NC	B				1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL						ACE OF DEATH (Ch	eck only one)				
ון מ	EXAMINER? 1 YES 2 XNO	HOSPITAL:	R/Outpatient	3 DOA	OTHER:	Hom	e 5 🗆 Rasidenca	8 Other (S	inecify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF IN	JURY	28b. TIM	E OF 28	c. INJ	URY AT	28d. DESCR	-	JURY OCCU	IRED	
6	1 Natural 5 Pending	(Month, Day,	rear)	INJ	URY M	_	RK? /ES 2 NO					
	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF I	NJURY — At	home, farm, s	Hreat, factory	office		28f. LOCATI	ON (Street ar	nd Number o	r Rural Ro	nute Number,
<u> </u>	4 Homicide determined	building, etc	ж (ар в спу)					City or	lown, State)			
COMPLEIED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of m	r knowledge.	death occurre	d at the time	data	and place, and due	In the causei	a) and many	ver se steler		
Ē	one) 2 MEDICAL EXAMINE											and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					_	29c. LICENSE NUM					'Month, Day, Year)
	K,	lunes	- n	M				5233			/_ /_	
2	30. NAME AND ADDRESS OF PERSON WHO				Print)				_	- '	/-	, 0
	RAOUL LOPEZ, MD-					'OR'	T HOWARD	, MARY	LAND	21052	2	
	31. DATE FILED (MONTE CONTINUE	32. ASISTON	SANATIAN	1			-					
I	JAN OB 1333	ma was	A SARAGE	Mr.								



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIE	_	
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF OEATH
	IDA BELL		ROBE	RSON		JANUARY 3	3 ⁶ ,1995	2:13 P M
				ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	214-26-9607 9a. FACILITY NAME (If not Institution, give stree	^	05	A CITY TOWN O	R LOCATION OF D		1929 S	
В	THE JOHNS HOPKIN		- 1	BALTIMO		EAIN	9c. COUNTY	. 071111
یز	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	3 11031 TTAL						/a
DIRECTOR		n/a		TOWN OR LOCATI				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	1 / YES 2 NO
FUNERAL	1524 WOLFE	STREET	_		21213		UNITE	D STATES
5	11. MARITAL STATUS 1 Naver Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			NIC ORIGIN? (Specify '		RACE — American Indian, Black, White, atc.
B≺	3XX Widowed 4 Divorced	FORCES? 1 YES	LES C		200 Specif			Specify BLACK
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION ompleted)	18a. DECEDENT'S US	SUAL OCCUPATION k done during mos	N t of unchina	18b. KIND OF E	USINESS/INDUST	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	PRESSER	retired.)	t or working	CANTT	ADV 9 I	ALIMDOV
N N	8 TH 17. FATHER'S NAME (First, Middle, Last)		LIVEDOFIN		40 11071/5010 144	ME (First, Middle, Maid	ARY & L.	AUNDRT
	TOM HOLLEY				SOP			
TO BE	19a. INFORMANT'S NAME (Type/Print)		196. MAILING AI	DDRESS (Street an		Route Number, City or T		de)
-	JANICE GENTRY		1528	N. WOL	FE STRE	ET, BALTII	MORE, M	ARYLAND #13
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remove 1 Donation 5 Other (Specify)		PLACEAND DATE OF I tery, cramatory or other ESTERN S	r place)			OCATION — City	
ŀ	21. SIGNATURE OF FUNERAL SERVICE LICEN	1 11	=21EKN 2		METERY D ADDRESS OF FA		ATONSVI	LLE, MARYLAND
	Asa 360	llan I		WM. C.	MARCH	FH1101	E. NOR	TH AVENUE
	23. PART 1. Enter the diseases, or cor ahock, or heart failure. Lis	mplications that caused to	the death. Do not	antar tha mod	le of dying, suc	h aa cardlac or res	piratory arrest	
	IMMEDIATE CAUSE (Final							intarval Batween Onset and Daath
	resulting in death)	End Stage	CONSEQUENCE OF	suce				6 months
z			, .					
5	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE OF):					
5								1 1
<u> </u>	CAUSE (Disease or injury	DUE TO (OR AS A C	CONSEQUENCE OF:					
H		DUE TO (OR AS A C	CONSEQUENCE OF);					
L CERTIFICATION	CAUSE (Disease or injury that initiated avents resulting in death) LAST			the underlying	cause alven in	Part i 24a was	M ALITYDRAY	24b WEDS AUTOROX PRINTING
A	CAUSE (Disease or injury that initiated avents resulting in death) LAST	contributing to death but		tha undarlying	cause givan in	PERF	IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
A	CAUSE (Disease or injury that initiated avents resulting in death) LAST	contributing to death but		tha undarlying	cause givan in	Part i. 24a. WAS / PERF-	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
A	CAUSE (Disease or injury that initiated avents resulting in death) LAST PART II. Other significant conditions of the co	contributing to death but	t not rasulting In DEATH YES	X⊒>NO □	cause givan in	1 YES	PMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
A	CAUSE (Disease or injury that initiated avents resulting in death) LAST PART II. Other significant conditions of the co	BUTE TO CAUSE OF	DEATH YES	(Check only one)	UNCERTAII	PERF	PMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
A	CAUSE (Disease or injury that initiated avents resulting in death) LAST PART II. Other significant conditions of the co	contributing to death but CAUSE OF	DEATH YES B. PLACE OF DEATH Collant 3 DOA 4	(Check only one) THER: Nursing Home	UNCERTAIN 5 Residence	PERF 1 YES	DRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated avents resulting in death) LAST PART II. Other significant conditions of the co	BUTE TO CAUSE OF	DEATH YES	(Check only one) THER: Nursing Home Y 28c. INJU	UNCERTAIN 5 - Residence	PERF	DRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated avants resulting in death) LAST PART II. Other significant conditions of the co	BUTE TO CAUSE OF OSPITAL: Inpatient PER/Outpet 288. DATE OF INJURY	DEATH YES B. PLACE OF DEATH S. PLACE OF DEATH 28b. TIME C INJUR At home, farm, stre	(Check only one) OTHER: Nursing Home Y M 1 YI	UNCERTAIN 5 □ Residence RY AT	PERF- 1 YES S Other (Specify) 28d. DE\$CRIBE HOW 281. LOCATION (Street	DRMED? 2 SMO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated avents resulting in death) LAST PART II. Other significant conditions of the co	BUTE TO CAUSE OF 10 PER/Outpet 28a. PLACE OF INJURY — building, atc. (Specify	DEATH YES B. PLACE OF DEATH Client 3 DOA 4 28b. TIME C INJUR At home, farm, stre	(Check only one) PTHER: Nursing Home Nursing Home WOR 1	UNCERTAIN 5 — Residence RY AT IK? ES 2 — NO	PERF- 1 YES S Other (Specify) 28d. DE\$CRIBE HOW City or Town, Stei	PRMED? 2 SMO (INJURY OCCURI and Number or F	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated avents resulting in death) LAST PART II. Other significant conditions of the co	BUTE TO CAUSE OF 10 SPITAL: Inpatiant DER/Outpet	DEATH YES B. PLACE OF DEATH 28b. TIME C INJUR At homa, farm, stre	(Check only one) PTHER: Nursing Home Nursing Home WOR 1 YI et, factory, offica	UNCERTAIN 5 — Residence RY AT IK? ES 2 — NO	PERF- 1 YES S Other (Specify) 28d. DESCRIBE HOW City or Town, State to the cause(a) and m	PRMED? 2 SMO (INJURY OCCURI t and Number or F	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated avents resulting in death) LAST PART II. Other significant conditions of the co	BUTE TO CAUSE OF 10 SPITAL: Inpatiant See PLACE OF INJURY Wonth, Day, Year) 28a. PLACE OF INJURY Duilding, atc. (Specify	DEATH YES B. PLACE OF DEATH Client 3 DOA 4 28b. TIME C INJUR At home, farm, streen dge, death occurred and/or investigation.	(Check only one) PTHER: Nursing Home PTHER: VOR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNCERTAIN 5 — Residence RY AT IK? ES 2 — NO and place, and due ath occured at the	PERF- 1 YES S Other (Specify) 28d. DESCRIBE HOW City or Town, Stell to the cause(a) and m time, data and place,	PRMED? 2 SMO (INJURY OCCURI and Number or F anner se stated.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO FOR THE PRIOR TO TO COMPLETION OF THE PRIOR TO
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated avents resulting in death) LAST PART II. Other significant conditions of the co	BUTE TO CAUSE OF 10 SPITAL: Inpatiant See PLACE OF INJURY Wonth, Day, Year) 28a. PLACE OF INJURY Duilding, atc. (Specify	DEATH YES B. PLACE OF DEATH Client 3 DOA 4 28b. TIME C INJUR At home, farm, streen dge, death occurred and/or investigation.	(Check only one) PTHER: Nursing Home PTHER: VOR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNCERTAIN 5 — Residence RY AT IK? ES 2 — NO and place, and due ath occured at the	PERF- 1 YES S Other (Specify) 28d. DESCRIBE HOW City or Town, Stell to the cause(a) and m time, data and place,	PRMED? 2 SMO (INJURY OCCURI and Number or F anner se stated.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO FOR THE PRIOR TO TO COMPLETION OF THE PRIOR TO
O BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated avents resulting in death) LAST PART II. Other significant conditions of the co	BUTE TO CAUSE OF 10 SPITAL: Inpatiant See PLACE OF INJURY Wonth, Day, Year) 28a. PLACE OF INJURY Duilding, atc. (Specify	DEATH YES B. PLACE OF DEATH Client 3 DOA 4 28b. TIME C INJUR At home, farm, streen dge, death occurred and/or investigation.	(Check only one) PTHER: Nursing Home PTHER: VOR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNCERTAIN 5 — Residence RY AT IK? ES 2 — NO and place, and due ath occured at the	PERF- 1 YES S Other (Specify) 28d. DESCRIBE HOW City or Town, Stell to the cause(a) and m time, data and place,	PRMED? 2 SMO (INJURY OCCURI and Number or F anner se stated.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO FOR THE PRIOR TO TO COMPLETION OF THE PRIOR TO
TO BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated avents resulting in death) LAST PART II. Other significant conditions of the co	BUTE TO CAUSE OF 10 SPITAL: Inpatiant See PLACE OF INJURY Wonth, Day, Year) 28a. PLACE OF INJURY Duilding, atc. (Specify	DEATH YES B. PLACE OF DEATH Client 3 DOA 4 28b. TIME C INJUR At home, farm, streen dge, death occurred and/or investigation.	(Check only one) PTHER: Nursing Home PTHER: VOR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNCERTAIN 5 — Residence RY AT IK? ES 2 — NO and place, and due ath occured at the	PERF- 1 YES S Other (Specify) 28d. DESCRIBE HOW City or Town, Stell to the cause(a) and m time, data and place,	PRMED? 2 SMO (INJURY OCCURI and Number or F anner se stated.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIE		
DECEDENT'S NAME (First, Middle, Last)	ANUEL R	DRIGUE	7_	2. DATE OF DEATH	DAY 196	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		n yrs. (asl birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS		8.	BIRTHPLACE (State or Foreign
127 10 1110	1 □XM 2 □ F 40	YRS. MO	NTHS DAYS HOURS MIN.	March 21,	1954	New York
9a. FACILITY NAME (If not institution, give street		96	CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY	OF OEATH
Stella Maris Ho RESIDENCE OF DECEDENT 108. STATE 10b. COUNTY	spice		Towson			Baltimore
	timore	10c. CITY, TO	Towson			10d, INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO
100. STREET AND NUMBER 2300 Dulaney Val	lev Road		101. ZIP CODE 21.2.04	4	10g. CITIZER	USA
	2. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Y	s or No- 14	RACE — American Indian
1 Never Merried 2 X Married 3 Wildowed 4 Divorced	FORCES? 1 XYES IF YES, GIVE WAR OR DA 6/25/79 — 0	TES	it yes, specify Cuben, Mexi 1 ☐XYES 2 ☐ NO Spe	ican, Puarto Rican, etc.)	0.000	Black, White, atc. Specify: Hispanic
15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION mpleted)	16a. DECEDENT'S USL	JAL OCCUPATION done during most of working	16b. KIND OF B	JSINESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Plumber	tired.)		Repair: Employe	
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S I	NAME (First, Middle, Malde		
William Rod	riguez			Trinidad Qu		
190. INFORMANT'S NAME (Type/Print) Reba Fitchett-Rodr	iguez		Square Bldg			,
20e. METHOD OF DISPOSITION 1 ☐ Burisl 2 ☒ Cremation 3 ☐ Ramova 4 ☐ Donation 5 ☐ Other (Specify)	ol from State 20b.	PLACE AND DATE OF D	ISPOSITION (Name of	DATE 20c. L	ocation - city	or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE LICEN		McDonald	22. NAME AND ADDRESS OF		TUINOI	e, m
Dawn 7.7	no Jonas	d	Cremation S 299 Frederi			
23. PART I. Entar the diseases, or con ahock, or heart failure. Lis	nplications that caused	the death. Do not	enter the mode of dying, su	uch as cardiac or rea	oiretory arrest	Approximate
IMMEDIATE CAUSE (Final			iciENCY SYNI	DROME		Interval Between Onset and Death 2/29/44 - 1/3/35
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
PART II. Other algnificant conditions of	contributing to death bu	it not reaulting in the	ne underlying cause given i		RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						1 - YES 2 NO
DID TOBACCO USE CONTRIB	BUTE TO CAUSE OF	DEATH YES	□ NO 🖾 UNCERTA	IN 🗆		
	OSPITAL:	8. PLACE OF DEATH (C	theck only one) HER:		11010	
1 YES 2 NO 1	28e. DATE OF INJURY	28b. TIME OF	Nursing Home 5 Residence		HOSPIC	
1 Netural 5 Pending 2 Accident investigation	(Month, Day, Year)	INJURY	WORK? M 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	[
3 Suicide 6 Could not be datermined	28e. PLACE OF INJURY building, etc. (Speci	— At home, term, stree (y)	t, factory, office	28f. LOCATION (Street City or Town, State	and Number or I	Rural Route Number,
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my knowle	idge, death occurred at	the time, date end place, and di	us to the cause(s) and my	onner se stated	
			my opinion, death occured at th			Buse(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	2 Fay 0	Cuoin	29c. LICENSE N	UMBER	29d. DATE SI	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	STELLA M.	ARIS HOST	PICE	17016
JAN 0 5 1995 Jala	32. REGISTRAR'S SIGNA	TURE	JAN ING PUL	- J vally	N. 9 2	-1207

Section II BALTIMORE, MARYLAND 21215-0020 OF VITAL RECORDS, P.O. BOX 68760

THE SIGNAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with Sizue Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE FUNERAL ON CIDER AND the certificate has been signed by the attending physician and compretely med in by the intended be filed within 72 hours. The marked is the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

5

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

1 _ 2JAN=0.5

RESIDENT

32. BEGISTRAR'S SIGNATURED

SOOCHTON

30. NAME AND ODDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

S-ARES

TO THE HOSPITAL

TO BE COMPLETED BY FUNERAL DIRECTOR

							2		123
FOR 1 - STATE REGISTRAR	STATE OF MARYL			OF HEALTH		ITAL HYGIEI			
1. DECEDENT'S NAME (First, Middle, Last)	0.1	111		-	2. 0	DATE OF DEATH		3. 1	TIME OF DEATH
Lora Jo	ine Sto	etley			N	1 - 2	- C	250 1	7740 "
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1	YEAR IF UNDER 2		ATE OF BIRTH		8. BIRTHPLA	CE (State or Foreign
217-20-0811	1 🗆 M 2 💢 F 81	YRS.	MONTHS	DAYS HOURS	MIN. JU	Month, Day, Year) JNE 21,1	913	OHIO	
9a. FACILITY NAME (If not institution, give :	street end number)		9b. CITY, T	OWN OR LOCATIO				NTY OF DEATH	1
ST. AGNES HOSPITA	AL.		В	BALTIMOR	E				
RESIDENCE OF DECEDENT									
10a. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR						LIMITS?
MARYLAND			BA	LTIMORE				1 2	YES 2 NO
10e. STREET AND NUMBER				10f. ZIP CODE			10g. CIT	IZEN OF WHAT	
3300 BENSON AVENU				21227			<u> </u>	U.S.A	7.
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 TYES	N U.S. ARMED 2 V NO		S DECENDENT OF			s or No-	14. RACE — / Black, Wh	Americen Indian, ilta, etc.
37 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES TY		YES 2 XNO				Specify:	WHITE
15. DECEDENT'S EDU	CATION	18e. DECEDENT'S	l leual ooo	UBATION		401 - 1/10/2 - 27 - 1			WIIIIE
(Specify only highest grade	completed)		work done du	ring most of working	,	16b. KIND OF BL	ISINESS/INC	DUSTRY	
Elementary/Secondery (0-12)	College (1-4 or 5+)					MANUFA	CTIID	TNC	
12TH GRADE 17. FATHER'S NAME (First, Middle, Last)		MACH	TNTST	10 MOTH	EDIO NASSE (E		_	LNG	-
JACOB MULLINS						irst, Middle, Meider ABETH BU		ΔN	
19e. INFORMANT'S NAME (Type/Print)		10h MAN INC	ADDRESS (Street end Number of					
MELVIN CANTRELL		3617 N	MARY A	VENUE -	BALTI			1206	
20e. METHOD OF DISPOSITION 1	coval from State 20b	netery, crematory or o	OF DISPOSITI	ON (Name of CH	APEL		CATION —	City or Town,	State
21. SIGNATURE OF FUNERAL SERVICE LI		MDOWNIDO		ME AND ADDRESS			KIDGI	C .	
M Mea	Colons	2		BBARD FU				DEI 10	. 01000
23. PART I. Enter the diseases, or	complications that cause	the deeth. Do	not enter th)7 WILKE	NS AVI	cardiac or men	I I I I I I I	rest I	Approximata
snock, or heart tellure.	List only one ceuse on e	sch line.			,		matery are		Intervel Between
IMMEDIATE CAUSE (Final disease or condition	Λ .	0		0 00		0			Onset and Death
resulting in death)	O. HOULE	CONSECUTIONS OF	r 0	Lerellelle	our	Stroke			100045
_	DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE O	· 0					i	3 years
Sequentially list conditions,	DUE TO (OR AS	CONSEQUENCE	Della	T CUF	~				Syleous
If any, leading to immediate cause. Enter UNDERLYING								į	
CAUSE (Disease or Injury that initieted evente	c. DUE TO (OR AS A	CONSEQUENCE O	F):						
resulting in death) LAST	A .	Leenin							
PART II. Other significent condition	e contributing to deeth b	ut not resulting	In the unde	erlying cause gi	ven in Pert	I. 24a. WAS AP PERFO			RE AUTOPSY FINDINGS
						1 TYES	2 NO	CON	MPLETION DF CAUSE DEATH?
								1 [YES 2 NO
DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YE	ES 🗌 NO	O UNCE	RTAIN []			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSFITAL:	26. PLACE OF DEA		y one)					
1 TES 2 7 NO	1 Inputient 2 - ER/Outp	perlant 3 🗆 DOA	OTHER:	g Home 5 🗆 Ras	Idence 6 🗆	Other (Specify)			
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 20	Sc. INJURY AT WORK?	28d.	DESCRIBE HOW	INJURY OC	CURED	
1 Antural 5 Pending 2 Accident Investigation				1 YES 2	NO				
3 Suicida 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, tactory	y, offica	281.	LOCATION (Street City or Town, Stete	end Number	r or Rural Route	Number,
4 Homicide determined						ony or lown, stell	,		
29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my know	ledge, death occurr	ed at the time	e, date and place.	and due to the	e cause(s) end ma	nner as stat	ted.	
	R: On the basis of examination								manner es stated.

29c. LICENSE NUMBER

MENUE

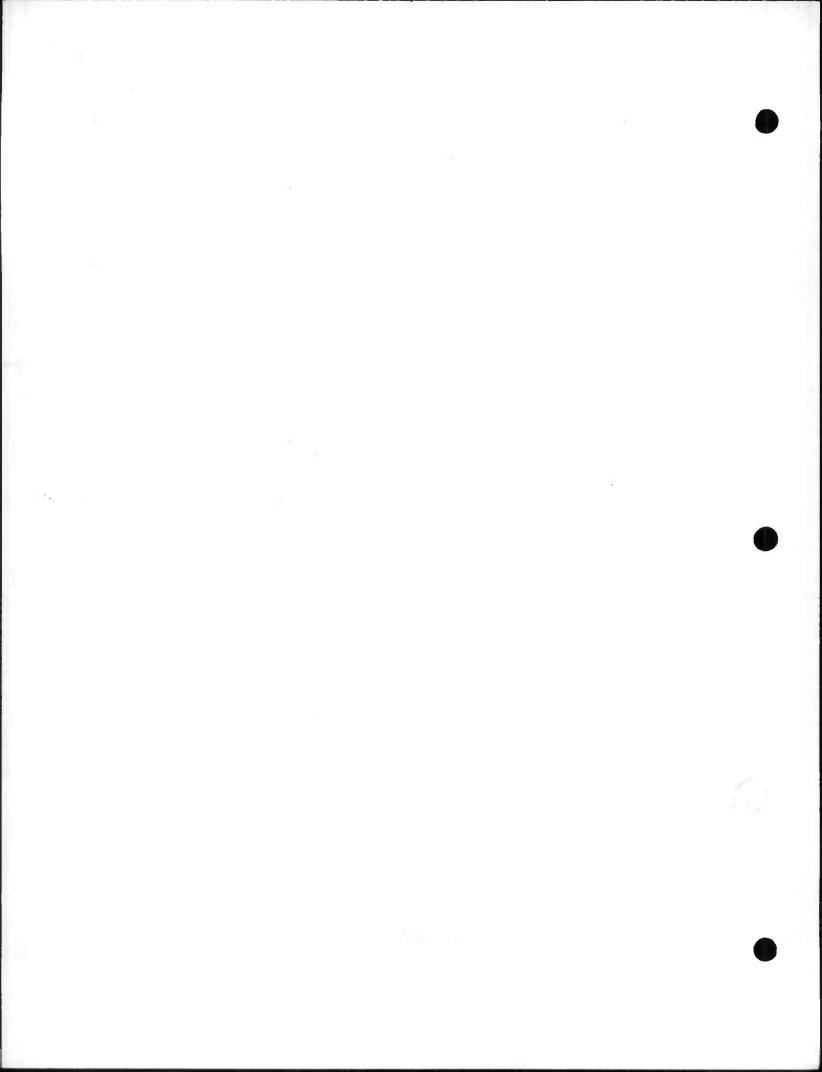
206

ONLTIMORE MO

29d. DATE SIGNED (Month, Day, Year)

Zurg

2-95

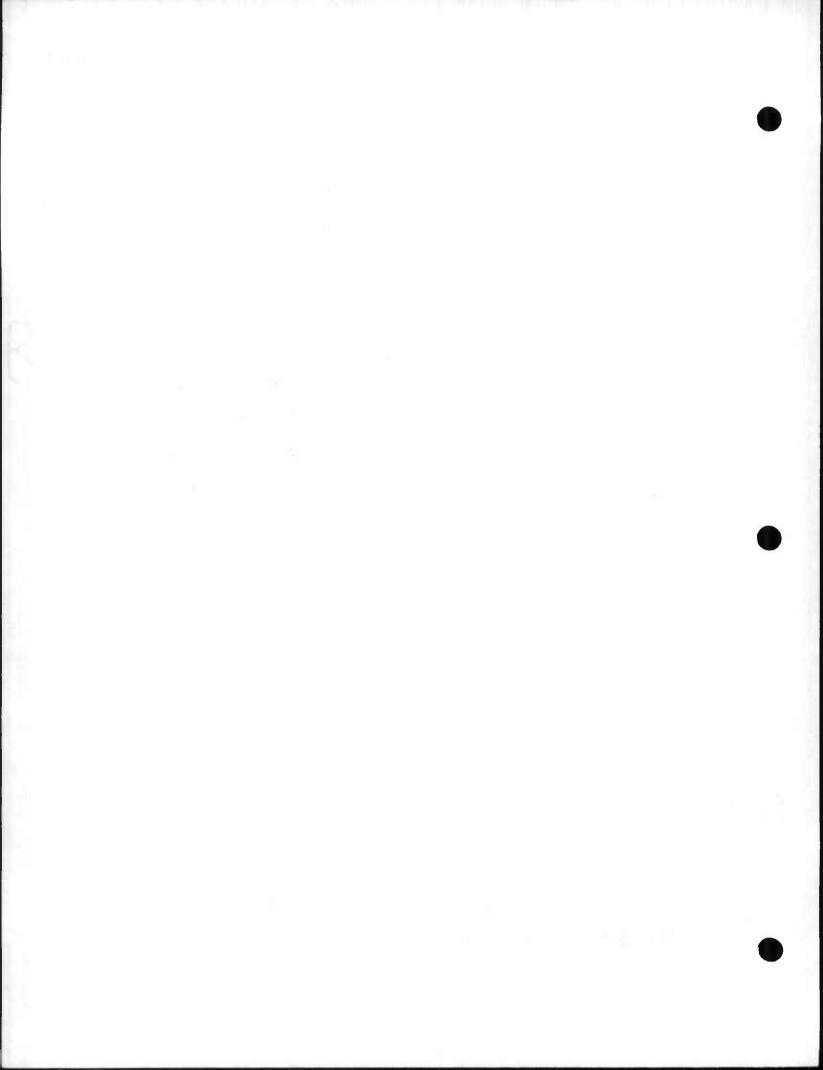


is PMSICIAN; The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral. BALTIMORE, MARYLAND 21215-0020 IN OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

-	REGISTRAR		CENT	IFICA	AIE OF	DEATH		REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)	OTI IALIED					2. DATE O MONTH	DA		YEAR	ME OF DEATH
	GERTRUDE BERTHA SCHLI						Janua		1995		10 P. M
	214-74-2279	5. SEX 6.	AGE (In yrs. lest birthd	1404	THE DAYS	IF UNDER 24 HRS HOURS MIN.	7. DATE OF	20, 190	71 "	Mary la	E (State or Foreign
	9e. FACILITY NAME (If not institution, give a	street and number)		-	CITY, TOWN (OR LOCATION OF		20, 130		Y OF DEATH	.i iu
Œ.	Meridian Perring Parl			,			DEATH!				
DIRECTOR	RESIDENCE OF DECEDENT	Kway			Pc	arkville			Ba	ltimore	1
l m	10e. STATE 10b. COUNT		10c.	CITY, TO	WN OR LOCAT	TION				10d.	INSIDE CITY
1	Maryland	Baltimore			Park	kville					LIMITS? YES 2 X NO
FUNERAL	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?
Ü	1831 Darrich Drive					21234				USA	
15	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEOENT E FORCES? 1				ENDENT OF HISF ecify Cuben, Mex			or No- 1	4. RACE — Ar	merican Indian, te, atc.
B	3 X Widowed 4 Divorced	IF YES, GIVE WAR				2 X NO Spe		ani, etc.)		Specify:	
	15. DECEDENT'S EDU	CATION	18e. DECEDEN	T'S 11811	AL OCCUPATION	ON	140. 1	IND OF BUE	INCO UNDU	Whit	<u>e </u>
	(Specify only highest grade Elementary/Secondary (0-12)	completed)		of work o	tone during mo		100, R	IND OF BUS	INESS/INDUS	SIMA	
OMPLETED	7	College (1-4 or 8+)	Home	maker	,						
	17. FATHER'S NAME (First, Middle, Lest)		7.0112	TOTAL	-	18. MOTHER'S	NAME (First, Mic	Idle Maiden S	Sumama)		
# S	Joseph Kobsa						na Hess				
B B	19e. INFORMANT'S NAME (Type/Print)		19b. MAIL	INO ADD	RESS (Street a	and Number or Run	al Route Number	City or Town	, State, Zip C	lode)	
examiner must be notified at once. TO BE COM	Mr. Earl J. Atkins		1831	Darr	rich Dri	ve Balti	imore, Ma	aryland	21234		
ž	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem		20b. PLACE AND OA	TE OF DIS	SPOSITION (Na		DATE	_		ly or Town, St	late
Ē	4 Donation S Other (Specify)	Over morn state	cemetery, crematory	or other p	iace) Emetery	1/6/99	5	P	altimo	re Mary	land
100	21. SIGNATURE OF FUNERAL SERVICE LIC	cephen ,			22. NAME AN	ND ADDRESS OF	FACILITY		AL CHIE	<u>LIMI</u>	Idiki
EX	bkuld ()	1.1.1	/		Lannarad	l 1 Dl.	T	005 11	6 15		
	23. PART i. Enter the diseases, or	complications that co	used the death. D	o not e	nter the mo	J. Ruck,	Inc. 5	sus Har	tora R	oad 212	
2	anock, or neart tellure.	List only one cause	on each line.		^				atory arres	,	Approximata intervai Between
ê	IMMEDIATE CAUSE (Final disease or condition	0000			un	di a	. 0	· le	1		Onset and Daath
E E	reaulting in death)	a. DUE TO (OF	AS A CONSEQUENCE	OF	0		LOLA	ag			
8 7			AD A GONGEOGENOR	. 01).			0 7			į	
any injury, or other traumatic event, the medical	Sequentially list conditions, if any, leading to immediate	DUE TO (OF	AS A CONSEQUENCE	OF):		-					
E E	cause. Enter UNDERLYING										
	CAUSE (Disease Dr Injury that initiated eventa	DUE TO (OR	AS A CONSEQUENCE	OF):							
2 E	resulting in death) LAST	d									
를 강	PART II. Other algolificant condition	a contributing to do	ath here mas accordate	- 1- 45			- I		Lavaer -		
EDICAL	And an again contrast	Q	eth but not resultil	ig in th	e underlying	g ceuse given i	n Part I. 2	PERFORM		AWAIL	AUTOPSY FINDINGS ABLE PRIOR TO
E S	- at y	Jan		1	(1))	1	YES 2	□ NO	OF DE	LETION OF CAUSE EATH?
2 2	DID TODA 6600 HET 600 HT			· · · · · ·			1			1 🗆	YES 2 NO
A S	DID TOBACCO USE CONTI	RIBUTE TO CAUS				UNCERTA	IN 🗆				
PHYSICIAN:	EXAMINER?	HOSPITAL:	26. PLACE OF D	OT	HER:						
4XS	1 YES 2 NO	1 Inpetient 2 EF				e 5 🗆 Residence					
ee	1 Netural 5 Pending	(Month, Day,		INJURY		RK?	28d. OESC	IIBE HOW IN	JURY OCCUI	RED	
200	2 Accident Investigation	28a PLACE OF IN	JURY — At home, far	n edec ed		res 2 NO					
ED ES	3 Suicide 8 Could not be 4 Homicide determined	building, etc.	(Specify)	n, atreet,	tectory, office			ON (Street ar Town, State)	nd Number or	Rurel Route N	umber,
PLET	29e. CERTIFIER									_	
COMPLETED	(Check only	CIAN: To the best of my									
O BE COM	2 MEDICAL EXAMINE	R: On the basis of exam	nation end/or investig	itlon, in	my opinion, de	eath occured at If	ne time, dete ar	d place, end	due to the o	cause(s) end n	nanner se stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	7	20			29c. LICENSE N	UMBER		29d. DATE S	IGNED (Month	i, Day, Year)
10	10000	11 C M				1083	58		1/	4/	9
1	30. NAME AND ADDRESS OF PERSON WH			rpe, Print)		7	0				
	Gracito Patricio, M.										
	JAN 05 1995	32. REGISTRAR'S	SIGNATURE								
	JAN UU 1333	NATO INCOME OF IN	moore								



DIVISION OF VITAL RECORDS, P.O. BOX 687604

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with completely filted in by the funeral director, page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

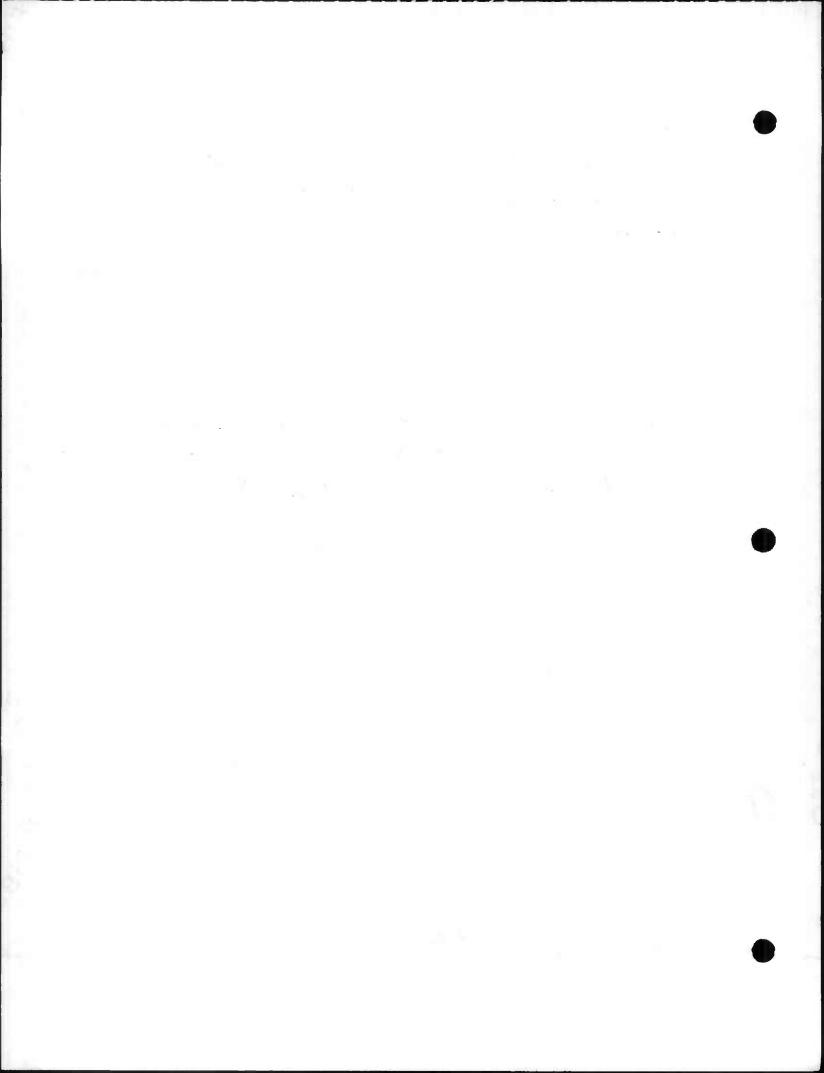
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

1 - STATE REGISTRAR	OMIL OF MARKET		CATE OF	DEATH	REG. NO	IL.	
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YEA	3. TIME OF DEATH
Stanley J.	Singhaus				01 02		4:10 p M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Foreign
217-07-6832	1 🔀 M 2 🗆 F	75 YRS.	MONTHS DAYS	HOURS MIN.	08/03/	7 0	aryland
9s. FACILITY NAME (If not institution, give	street and number)	,,,	96. CITY, TOWN	OR LOCATION OF D		9c. COUNTY C	
Montgomery G	eneral Hosp	pital	Olney			Montgo	
10e. STATE 10b. COUN	TY	10c. CITY	, TOWN OR LOCA	TION			10d, INSIDE CITY LIMITS?
	ntgomery		Silver	Spring			1 TES 2 NO
100. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?
14400 Homecres	t Road Apt.	L24		20906		U.S	. A .
10e. STREET AND NUMBER 14400 HOMECTES 11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1V YES IF YES, GIVE WAR OR I	IN U.S. ARMED 2 NO DATES	If yes, sp	ENDENT OF HISPA ecify Cuben, Mexico 2 X NO Specia	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:		IACE — American Indian, Black, White, atc. ipecify:
							White
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	UCATION to completed) College (1-4 or 5 +)	life. Do NOT use	rork done during mo e retired.)	ON at of working	16b. KIND OF BUS		
17. FATHER'S NAME (First, Middle, Last)		Sale	sman			ing Sup	ply
	-1-1-1			25.70.20.20.10.00	ME (First, Middle, Malden	Surname)	
	shington Sing				Larkin		
190. INFORMANT'S NAME (Type/Print) Mr. Craig & Dars:	tan Singhaue	19b. MAILING	ADDRESS (Street a	and Number or Rural	Route Number, City or Tow	n, State, Zip Code Olne	y, MD 20832 ndy Knoll Dr.
20a. METHOD OF DISPOSITION		b. PLACE AND DATE O				CATION — City o	
1 XBuriel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State CO	metery, cremetory or oth	her place)				
21. SIGNATURE OF FUNERAL SERVICE L		ake View Me		CK I		esville.	MD
· Brian	L. Way	St	HAIGH	IT FUNER	AL HOME (P. MD 21784 (4		
23. PART I. Enter the diseases, or	complications that cause	d the death. Do n	ot enter the mo	de of dulpa nuc	h an cardino or road	ratory errest.	Approximate
shock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition	b. Due to (or as	nech line.	lenea				Interval Batween Onset and Death
resulting in deeth)	DUE TO (OR AS	A CONSCOUENCE OF):				- tong
	Lecher	vice Cles	elem	math	١.		Zuens
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF): 1	1			- Jacob
cause. Enter UNDERLYING	· Caro	ulles .	Huter	4 K/2	neare		Fylan
CAUSE (Disease or Injury that initiated evente	DUE TO (OR AS	A CONSEQUENCE OF):	(
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	d.						
2007 11 201 11 11 11 11							
PART II. Other aignificant condition	ns contributing to deeth	but not raculting is	n the underlyin	g cause given in	Part I. 24s. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						- 1	1 YES 2 AO
DID TOBACCO USE CON	TRIBUTE TO CAUSE (OF DEATH YES	S I NO I	UNCERTAI	N 🗆		
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEAT					
EXAMINER?	HOSPITAL:		OTHER:	e 6 🗆 Beelderee	8 Other (Specify)		
27. MANNEW OF DEATH	28a. DATE OF INJURY	28b. TIME			28d. DESCRIBE HOW II	NJURY OCCURED)
The restorm 5 Pending	(Month, Day, Year)	INJU	JRY WO	RK?			
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	Y — At home term at			28f. LOCATION (Street e	and Mumbas as On	=1 Courte Mumbus
4 Homicide 8 Could not be determined	building, atc. (Spe	ecify)	,,,		City or Town, State)	no remos or no	er riodie rigribei,
	SICIAN: To the best of my know						
2 MEDICAL EXAMIN	IER: On the basis of examination	on end/or investigation	n, in my opinion, d	eath occured at the	time, data and place, en	d dua to the cau	ae(a) end menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI	WBER	29d. DATE SIGN	NED (Month, Day, Year)
W.O- 10M	an)			250	908	1/2	195
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)	lee xim	· Lierles	5/09 ((de Sprin
31. DATE FILED (Meth. OR COL)	3 AEGISTRAR'S NO	valitumit		-()		,	" Marine
MN 03 1333 9	And william of the	SAIL.					14.7 CMOE

BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	r removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR JETS DIVIN PHYSICIAN. The law requires that the death certificate be executed with:	TO THE FUNERAL THE TICK AND This certificate has been signed by the attending physician and completely filled	be filed within 72 must meet darm with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if here to the marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF M	IARYLAND / CE	DEPAR ERTIF	IMENT	OF H	DEAT	ГН	MENI	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DA	TE OF DEATH			3. TIME OF DEATH
	Yuk S Tsang								MO		03,	95	5:30 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		TE OF BIRTH	/		IPLACE (State or Foreign
	219-80-3858	1 XM 2 - F	66	YRS.	MONTHS	DAYS	HOURS	MINE.	SEE	PT. 24, 1	928	Countr	China
<u>س</u> ا	9a. FACILITY NAME (If not institution, give	street and number)		- 1			R LOCATI		EATH		9c. COU	NTY OF D	EATH
DIRECTOR	Union Memori	al Hosp			Bal	to	Cit	У					
<u></u>	10a. STATE 10b. COUN			10c. CITY	Y, TOWN O	R LOCATI	ION						10d. INSIDE CITY
吉	Maryland			Ba	1tim	ore	City	-					LIMITS?
4	10e. STREET AND NUMBER					-	ZIP COD				10g. CITI	ZEN OF V	WHAT COUNTRY?
FUNERAL	810 Montpelier S	treet					2121	8			1	П.	S.A.
3	11. MARITAL STATUS	12 WAS DECEMENT	EVER IN U.S. AR	MED	13. V	WAS OECE	ENDENT C	F HISPA	NIC ORIG	GIN? (Specify Ye	a or No —	14. RACE	- American Indian.
L	1 Never Married 2 Merried	FORCES? 1	YES 2	ON	11	yes, spe	cify Cuba	n, Maxica Specif	in, Puerl	to Rican, etc.)		Speci	k, White, etc.
BÁ	3 Widowed 4 Divorced	1					2 X NO		,			орес	Chinese
	15. DECEDENT'S ED (Specify only highest grad		16a. DE	CEDENT'S	USUAL OC	CUPATIO	N at of workin	90	1	166. KIND OF BU	SINESS/IND	DUSTRY	
COMPLET	Elementery/Secondary (0-12)	College (1-4 or 5 +) life.	Do NOT us	e retired.)	anny mod							
울	0		co	ook						resta	urant		
8	17, FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (Firs	t, Middle, Malden	Surname)		
8	Hing-ming Tsang												
2	19e. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS	(Street ar	nd Number	or Rural	Route No	umber, City or Tow	rn, State, Zip	Code)	
	Mrs. Sing-Fong T	sang	8	310 M	ontp	elie	r St	. Ba	alti	more, l	Maryl	and	21218
	20 METHOD OF DISPOSITION 1 Description 2 Cremetion 3 Res	movel from State	20b. PLACE A	AND DATE O	or Disposi	TION (Ner			1		CATION —		
	4 Donation 5 Other (Specify)		Lorra	ine i				JAN.		8 Woo	xdlawi	n, Ma	aryland
- 1	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE .	0				holl			eld Ho	m 0		
	to fue	Steel)									arv1	and 21212
	23 PART i. Epter the diseases, or	complications that	ceusad the de	eth. Do n	ot enter	the mod	te of dvi	ng, auc	h as ca	ardiec or resp	iratory err	reat,	Approximate
	shock, or heart fellure	List only one caus	se on aech line										
	I IMMEDIALE CAUSE IFINEL				2						co-cres res		intarval Between Onset and Death
	disease or condition	. H.	enatio		toil								Intarval Between Onset and Death
		a. He	OR AS A CONSEC		tail								
2	disease or condition resulting in death)	a. DUE TO (OR A CONSEC		fail				- 8				
NOIL	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	b	OR AS A CONSEC	OUENCE OF									
CATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. OUE TO (OR AS A CONSEC	DUENCE OF	-):								
IIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. OUE TO (DUENCE OF	-):								
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BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other algnificant conditions of the cause of the conditions of the cause o	DUE TO (c. DUE TO (d. DUE T	OR AS A CONSECTION OF AS A CONSECTION OF DEATH O	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DEAT DOA DOA NOT DOA DOA DOA DOA DOA DOA DOA DOA DOA DOA	S N H (Check o OTHER 4 Nurs M	derlying	UNC	given in	Pert i. 8	24a. WAS AN PERFOI 1 YES 2	AUTOPSY RMED? TO NO	24b.	Onset and Death A STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF CAUSE OF DEATH? 1 YES 2 NO
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The cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 may be retained by the hospital or attending physician.

The state begin of Health and Mental Hygiene prior to burial, cremation, or removal.

The state begin of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IN OF VITAL RECORDS, P.O. BOX 68760

BEATRIZ DIZON, MD

31. DATE FILEO (Month, Day, Year)

JAN 0 5 1995

ST JOSEPH HOSPITAL

	1 - STATE	STATE OF MAI	RYLAND /	DEPART	MENT OF H	EALTH AND					
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) MILDRED	e Mildred			ne Tros		2. DATE OF DEATH MONTH	1	YEAR 3.	TIME OF DEATH 8:28 am	
	4. SOCIAL SECURITY NUMBER 220–12–8546	1 □ M 2 🗶 F	AGE (In yrs. last		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 7/1/05)	Country)	CE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give sint Joseph Hosp RESIDENCE OF DECEDENT			91		VAON, MAN		9c. COUNT	altimo	Н	
DIRECTOR	10a. STATE 10b. COUNTY	timore			own or local					d. INSIDE CITY LIMITS? YES 2 X NO	
FUNERAL	3 Dundas Court #	т3			101	21234		10g. CITIZE	USA	T COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 IT IF YES, GIVE WAR	YES 2 N	WED O	If yes, sp		NC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No — 1	Specify:	American Indian, hita, atc.	
0	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)			UAL OCCUPATION (done during mostired.)	ost of working	16b, KIND OF	D OF BUSINESS/INDUSTRY			
COMPLET	17. FATHER'S NAME (First, Middle, Last)	l Year	Ac	quisit	ions M		ME (First, Middle, Maid	Hospit	al ——		
TO BE	Harry Senft 19a. INFORMANT'S NAME (Type/Print) Richard Trostle						Clappy Route Number, City or	Town, State, Zip C		157	
	20s. METHOD OF DISPOSITION 1XC Burlat 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cometer), cremetory or other place) Mt. Carmel Cemetery 1/5/95 Littlestown, PA										
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			Johr	NO ADDRESS OF FA	eral Home				
	23 PART I. Epter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final	ompilcations that ca List only one cause	on each line.	ath. Do not	enter the mo	de of dying, auc	h aa cardiac or re	apiratory arrea	<u>son,</u> it,	MD 212 Approximate Interval Betwoonset and D	
	disease or condition resulting in death) a. PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CALISE (Pleases or Injury.										
ERTIF	CAUSE (Disease or injury that initiated events resulting in death) LAST										
MEDICAL O	PART II. Other significant condition	a contributing to dea	ath but not re	eaulting in t	he underlying	g cause given in	PERF	AN AUTOPSY FORMED?	CO	RE AUTOPSY FINDI JLABLE PRIOR TO MPLETION OF CAU DEATH?	
PHYSICIAN: N	DID TOBACCO USE CONTR	RIBUTE TO CAUS		OF DEATH	NO Check only one)	UNCERTAIN	1 🗆			YES 2 TONO	
	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Ninpetiant 2 ER 28a. DATE OF INJI (Month, Day, Y	URY		Nursing Hom F 28c, INJ WO	RK?	6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	RED		
2 Accident Investigation 2 No 2 No 2 No 2 No 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number of City or Town, State)							Rural Route	Number,			
ED	_ Codid Not be	4 Homicide detarmined detarmined critical detarmined de									
	4 Homicide detarmined 29a. CERTIFIER (Check only)									d manner as state	



and comment the second time.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE FOLK BAL DIRECTOR. After this certificate has been signed by the attending physician.

TO THE FOLK BAL DIRECTOR. After this certificate has been signed by the attending physician and concentry there is by the following physician and concentry there is by the following physician. The following the first permit is a shown and the following the f

	1 - STATE OF MARYLA		TMENT OF H		MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM TOULS	02			2. DATE (OF DEATH DAY	ġ	3. TIME OF DEATH		
	720-36-4128 18M20F S	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE C	DE BIRTH Day, Year)		BIRTHPLACE (State or Foreign Country) alto., Md		
TOR	98. FACILITY NAME (If not institution, give street and number) RESIDENCE OF DECEDENT	MIGL	96. CITY, TOWN C	TIM C			9c. COUNTY	OF DEATH		
DIRECTOR	10a. STATE 10b. COUNTY		TOWN OR LOCAT	17.00	E			10d, INSIDE CITY LIMITS? 1 TES 2 NO		
FUNERAL	1653 SMALLWOOD			ZIP CODE				N OF WNAT COUNTRY?		
B≺	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 AVES IF YES, GIVE WAR OR DATE OF THE PROPERTY OF THE PR	U.S. ARMED 2 NO 1ES 2/31/6	If yes, spe	ENDENT OF HISP ecify Cuben, Mexi 2 NO Spec	cen, Puerto R	? (Specify Yes or Ican, etc.)	No- 14	. RACE — American Indian, Black, White, etc. Specify: Black		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th College (1-4 or 5 +)	(Give kind of w life. Do NOT us	USUAL OCCUPATION fork done during most retired.) itation	st of working	-	KIND OF BUSIN		eagrams		
б ш	17. FATHER'S NAME (First, Middle, Last) William Toulson, Sr,					liddle, Maiden Su	rname)			
TO B	19s. INFORMANT'S NAME (Type/Print) Ursula Toulson	19b. MAILING 1653	ADDRESS (Street a. Smallw	ood St	• B	er, City or Town, altimo	State, Zip Co	Md. 21216		
	1 Donstlor 5 Other (Specify)	tery, crematory or of	FDISPOSITION (Na her place) Cemetel		DATE			rille, Va.		
	21. BIGHATURI ON FUNERAL SERVICE LICENSEE	ett	LEROY 4600	LIBERT	ETT Y	IGHTS	AVEN			
	23. PAST I. Eplay the diseases/of complications that caused shock, or heart favore. List only one cause on the immediate CAUSE (Final disease or condition resulting in death)	h line.				ac or respirat	Dry srrest	Approximats interval Between Onset and Death		
z	DUE TO (OR AS A C	CONSEQUENCE OF	n:			2				
ICATIO	Sequentially list conditions, if smy, lasding to immediate csuse. Entar UNDERLYING CAUSE (Disease or injury									
CERTIFICATION	that initiated events resulting in death) LAST d	CONSEQUENCE OF):		V					
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Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YE	S NO	UNCERTA	IN D			1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Pres 2 NO 1 Inpatient 2 PR/Outpet	8. PLACE OF DEAT	OTHER: 4 Nursing Home	5 Residence	6 □ Other	(Specific)				
6 I II	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJ	OF 28c. tNJt	JRY AT	-	CRIBE HOW INJU	JRY OCCUR	ED		
TED BY	2 Accident 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY building, atc. (Specif)	- At home, farm, s		ES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Rural Route Number,		
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1	290-SIGNATURE AND TITLE OF CERTIFIER AGENTS	47		29c. LICENSE N	UMBER 993	2 2	9d. DATE SI	IGNED (Month, Day, Year)		
7	30. NAME AND ADDRESS OF PERSON WHO CONTRETED CAUSE OF DEAD	(ITEM 27) (Type,	Print)	35	B	I WO	<u> </u>	IRS ER		
	JAN 0 5 1995	L.L.				· · · · · · · · · · · · · · · · · · ·				

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Item#10e Per F.H. Film# G-719 01/05/95 R.M

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF	MARYLAND /	DEPARTMENT	UE	HEALTH	AMD	MENTAL	HVCIE	ME
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		REGISTRAR	CE	RTIFIC	ATE C	F DEATH	REG. N	0.		
)		1. DECEDENT'S, NAME (First, Middle, Last) Hattie Wallace					2. DATE OF DEATH MONTH	2 - 93	3. TIME OF DEATH	
P		4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 A	GE (In yrs. lest i		UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	13 Cou	THPLACE (State or Foreign ntry) Virginia	
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physician. burial-transit permit. Pages 1, 2,	DIRECTOR	Maryland 106. county		10с. сіту , то Ва	own or Lo				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
an. ransit perr	FUNERAL	10. STREET AND NUMBER 2535 25 33 West Lanvale Street				21216		US	WHAT COUNTRY?	
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att as		15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	18a, DECI (Give life, D		done during tired.)	ATION most of working	16b, KIND OF B	USINESS/INDUSTRY	DIACK	
		17. FATHER'S NAME (First, Middle, Last)		unkn	own	18. MOTHER'S NA	ME (First, Middle, Maide	en Surname)		
should be notified at	BE	Richard Fortune	10.5	MAIL INC. AD	DBESS (De-	Nora				
	2	Robert C. Dandridge				et and Number or Rural I anvale Str		1.timore,	MD 21216	
leath. Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSITION 1 XBurlel 2 Cremation 3 Ramoval from Stata	20b. PLACE AN	IDDATE OF D	ISPOSITION	(Name of	OATE 20c. L	OCATION — City or	Town, State	
0 0 -		4 Ô Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	<u>Maryla</u>	ind Na	tiona	1. Cemetery	Jan7 La	urel, Ma	ryland Homes, Inc	
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within hours spletely filled in cremation, or re		23. PART t. Enter the diseases, or complications that cause of ahock, or heart fallure. List only one cause of immediate CAUSE (Final disease or condition resulting in death)	ation	Pne			h aa cardlec or rea	piratory arreat,	Approximate Intervel Batween Onset and Death	
leath certificate be executed attending physician and commat Hygiene prior to bunial, y, or other traumatic ex	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DEFISIS DUE TO (OR AS A CONSEQUENCE OF): C. TS (WE MUC DOWE) OUE TO (OR AS A CONSEQUENCE OF): OTHERDSC (EYOTIC COLDOVASC WG) DISEASE (ATTICLE) OTHERDSC (EYOTIC COLDOVASC WG)								
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gned by gath and safth and	EDICAL	PART II. Other algnificant conditions contributing to deat	h but not res	sulting in ti	he underl	/ing ceuse given in		ORMED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
law requires as been sign Dept. of Healt 23 shows	Σ	DID TOBACCO USE CONTRIBUTE TO	CAUSE	OF D	EATH	YES NO	19		1 TES 2 NO	
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NG PHYSICIA fter this certif eath with the marked, or	ВУ РНУ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	RY	28b. TIME OF	28c.	INJURY AT WORK? YES 2 NO	28d. DESCRIBE NOW	INJURY OCCURED		
L OR ATTENDING P DIRECTOR: After thours after death item 28 is mar	ETED B	3 Suicide 8 Could not be determined 28a. PLACE OF INJI building, etc. (5	JRY — At hom Specify)	e, farm, stree	t, factory, c	ctory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
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TO THE HOSPIT TO THE FUNERA DE filed within 7	BE	DANKTURE AND TITLE OF CERTIFIER	House	offo	(81)	29c. LICENSE NUN	4 8	29d. DATE SIGNE	ED (Month, Day, Year) 2-95	
	0	TO CALLES OF DERSON WHO COMPLETED CAUSE OF	DEATHSTEM		urs	Hospita	4			
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BALTIMORE, MARYLAND 21215-0020 VISION OF VITAL RECORDS, P.O. BOX 68760,

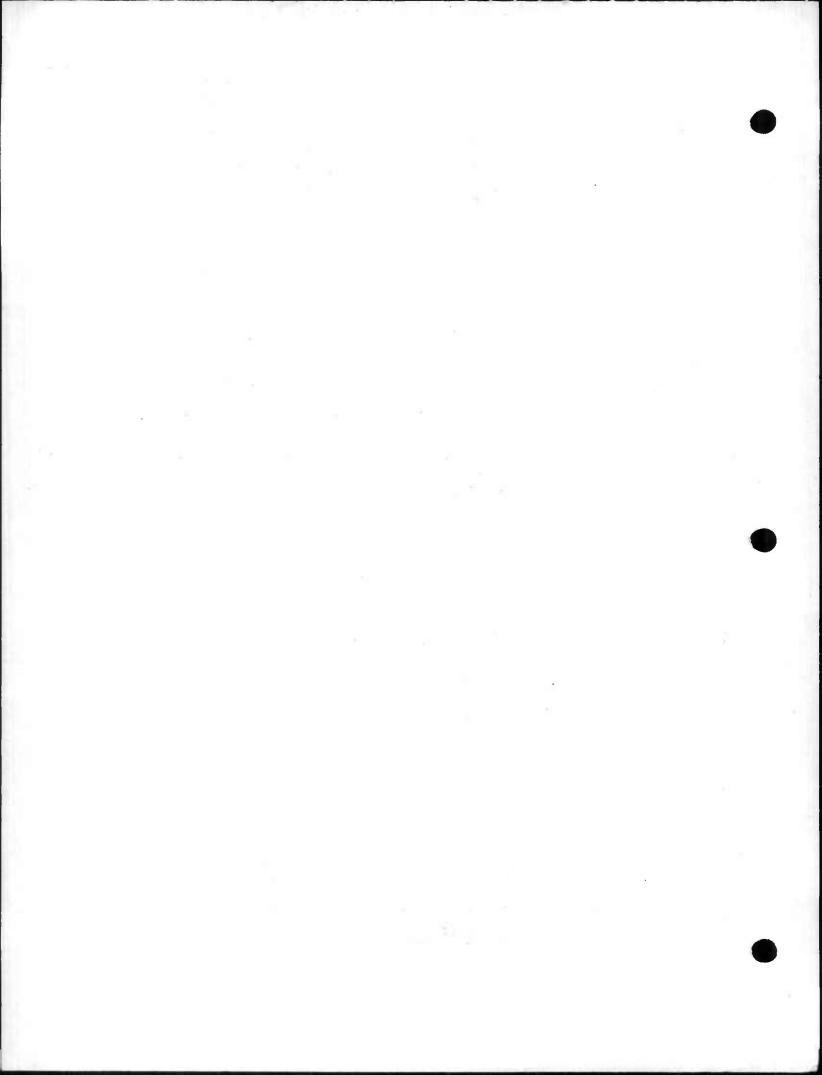
TO THE FINAL MECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be less marked, not been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be less marked, not less the burial-transit permit. Pages 1, 2, 3 should be less marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

220-16-5178 1	7:00 A. M THPLACE (State or Foreign Insylvania DEATH I'UNDEL 10d. INSIDE CITY LIMITS? 1 YES 2 M NO WHAT COUNTRY? States CE — American Indian, etc., white, etc. White atc. Sectly: White 1090 Town, State E, Maryland									
220-16-5178 1 M 2 MF 75 YRS. MONTRS MANUAL NUMBER MONTRS MANUAL NUMBER MANUAL	nsylvania DEATH rundel 10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY? States CE - American Indian, cock, White, atc. Boothy: White									
Se. FACILITY NAME (if not institution, give street and number) 319 Oak Manor Drive, apt. 104 RESIDENCE OF DECEDENT 108. STATE 108. STATE 109. STREET AND NUMBER 319 Oak Manor Drive, Apt. 104 11. MARITAL STATUS 110 Nover Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 KNO 11 VES 2 KNO Specify 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 KNO 11 VES 2 KNO Specify 12. FATHER'S NAME (First, Middle, Last) 13. DECEDENT'S EDUCATION (Specify Guide, Maried and Junity Growth of work flow during front of working Mary flower of	nsylvania DEATH rundel 10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY? States CE — American Indian, leck, White, etc. POPU: White									
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19b. INFORMANT'S NAME (Type/Print) Bonnie A. Lyons 19b. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code) 510 Shipley Rd., Linthicum, Maryland 2 20e. METHOD OF DISPOSITION 1½ Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other Commence of Catherine Disposition/Name of Commence of Catherine Disposition/Name of Commence of Catherine Date Commence of Catherine Date Commence of Catherine Date Commence of Catherine Date Commence of Catherine Date Commence of Catherine Date Catherine Date Commence of Catherine Date Date Catherine Date Catherine Date Date Catherine Date Date Catherine Date Catherine Date Date Catherine Date Date Catherine Date Date Date Date Date Date Date Dat	Town, State									
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m 2 Accident Investigation 1 TYPES 2 NO										
2 Suitable 6 Could not be building, etc. (Specify) 28e. PLACE OF INJUSY — At home, term, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Flural City or Steen, State)	/ Plaste Number									
29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and menner as stated.										
299. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as stated. One) 2 MEDICAL EXAMINED: On the best of examination and only the best of examination and only the cause of examination and only the best of examination and only the best of examination and only the best of examination and only the best of examination and only the best of examination and only the best of examination and only the best of examination and only the best of the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.										
	(a) and menner as stated.									
	ED (Month, Day, Year)									
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	4. 1997									
Nicolaus P. Moutsos, M.D., 795 Aquahart Rd., Glen Burnie, Maryland 210	4, 1995									
JAN 05 1995										



Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 hours after death. DIVISION OF VITAL RECORDS, P.O. BOX 68760

permit. Pages 1, 2, 3 should the funeral director, page 5 should be detached for use as the burial-transit notified at 99 must medical examiner completely filled in by the rial, cremation, or removal. or other traumatic event, the OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within burial, and Hygiene prior to the attending physician has been signed by the attendent of Health and Mental in ury. Item 23 shows any r this certificate h the 0 28 is marked, death v DIRECTOR: After hours after Hem TO THE HOSPITAL OF TO THE FUNERAL DE BE filed within 72 ho HOSPITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, 2. DATE OF OEATH 3. TIME OF DEATH 01-01-9 ando 0128 Am 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS MIN. TXM 2 F 4 YRS 05-13-1953 Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 5 more RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? timore 1 YES 2 | NO FUNERAL 100. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS WAS OCCENDENT OF HISPANIC ORIGIN? (Specify Yes or Noit yes, specify Cuben, Mexican, Puerto Ricen, etc.)
 \(\subseteq \text{ YES 2 NO } \)
 Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle MOTHER'S NAME (First, Middle, Maiden Surneme) BE ADDRESS (Street and Number Dupont Ave 3437 Dupont or Rural Route Number, City or Town, Baltimore, MD. 2 20e METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City of Town, State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE MICENSEL 22. NAME AND ADDRESS OF EACILITY 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not anter the mode of dying, such earcardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximets Interval Between **IMMEDIATE CAUSE (Fine) Onset and Death** diseese or condition_ Endocarditis OTIC resulting in death) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 | NO OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN X 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER: patient 2 - ER/Outpatient 3 - OOA Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY rvestigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, tectory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the estigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE TO Drying 01-01 9848 9 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Diane L. Traficent HOSO of 31. DATE FILED (Month, Day, Year)

JAN 0 5 1995

32. REGISTRAR'S SIGNATURE

68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit per filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tilc event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be exe-	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Dr Harry

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JAN 05 1995

	ITEMS: 8.9b.9c.12.14.20	Oa. PER E H	FILM G-	-719 17	/5/95	+ +				95	UUI	36
	1 - FOR STATE REGISTRAR		IARYLAND /	DEPAR	TMEN	T OF F	IEALTH AN DEATH		ITAL HYGIEN			
1	1. DECEDENT'S NAME (First, Middle, Last)								ATE OF DEATH			IME OF DEATH
- 1)	SEYMOUR	V	VOLK						ONTH D		15	1:47 A
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDE	R 1 YEAR	IF UNDER 24 H	RS. 7. D	ATE OF BIRTH		.5	E (State or Foreign
9	217-01-5133	1 M 2 D F	ME		MONTHS	DAYS	HOURS M	m.	Forth, Day, Year)	9 -	Country)	
	9a. FACILITY NAME (If not institution, give s	treet and number)			Oh CIT	V TOWN!	D I OCATION O	25.05.1711	-11111			MARYLAND
œ	Northwest Hospi	h1 C .4	121	96. CITY, TOWN OR LOCATION OF DEAT Randallstain, 4						9c. COUNT	Y OF DEATH	
6	RESIDENCE OF DECEDENT	121 014	er ;		Kai	2	istaun	4412			B	ALTIMORE
DIRECTOR	10a. STATE 10b. COUNTY	1		10c. CITY	, TOWN	OR LOCAT	TION				10d	INSIDE CITY
5	MARYLAND	BALTIMORE	₹ .	T	F	ריד.ז∆ו	MORE				1	LIMITS? YES 2 V NO
AL	10e. STREET AND NUMBER						ZIP CODE			10g. CITIZE	N OF WHAT	- 41
FUNERAL	6 WHISPERWOOD COU	RФ					21208	2			IICS	
S	11. MARITAL STATUS	12. WAS DECEDENT FORCES?	LEVER IN U.S. AF	MED	13.	WAS DEC	ENDENT OF HI	ISPANIC OF	RIGIN? (Specify Yes		USA L RACE — A	merican Indian.
	1 Never Merried 2 Married	FORCES? 1X	AR OR DATES	NO		If yes, sp	ecify Cuben, Ma 2 NO S	exicen, Pue	erto Rican, atc.)		Black, Wh Specify:	lfa, atc.
B	3 Widowed 4 Divorced		WW II					pocity		WH	ITE -	✓
ED	15. DECEOENT'S EDUC (Specify only highest grade		18a. OE	CEDENT'S	USUAL C	CCUPATIO	ON ast of working		16b. KIND OF BUS	SINESS/INDUS	TRY	
Щ	Elementery/Secondary (0-12)	College (1-4 or 5+	life	. Do NOT use	retired.)	during mo	st or working					
API	12			PRI	VTER	?			PRINT	TING		
COMPLET	17. FATNER'S NAME (First, Middle, Last)						18. MOTHER'S	S NAME (F	irst, Middle, Maiden			
BE (MORRIS		WOT	K				ECEL	ТΔ		BERKO	[A]
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADORES	S (Street a			Number, City or Tow			
5	MARLENE	WOLK		4	728	RVRC	N ROAD	BAT.	TIMORE.	MD 21	208	
- 9	20a, METNOO OF DISPOSITION		20b. PLACE	AND DATEO	FDISPO	SITION (Na				CATION - CIT		State
	Donation 5 Other (Specify)	over from State	ANSHE	metory or atl	her place.	TTZ	CHATM)	1_1/	-95 BAT.7	TMODE	MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0	1 11 11 11 11 11	22.	NAME AP	D ADDRESS O	F FACILITY	,		, (*II /	
	toel	12-	Τ.						BROS., I			
	23. PART I. Enter the diseases, or o	complications that	caused the de	orth Do n	16	010	REISTE	RSTO	WN ROAD	BALTT	MORE.	MD 21215
	shock, or heart failure.	List only one caus	se on each line	9.	or ente	r the mo	ae or aying,	sucn ss	csralec or respi	ratory arres	t,	Approximete Intervai Between
	disease or condition									Onset and Death		
	resulting in death)	IAC I	SCHE	MI	<u>A</u>							
	DUE TO (OR AS A CONSEQUENCE OF):											
ERTIFICATION	Sequentielly list conditions, OUNGESTIVE HEART FAILURE OUE TO (OR AS A CONSEQUENCE OF):											
AT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (DISEASE (D											
윤	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSE	OUENCE OF):	. U	DEAD)E			<u> </u>	
E	resulting in death) LAST										1	
S		d									-	
A	PART II. Other significent condition		deeth but not r	reculting in	n the u	nderiying	g ceuse give	n in Part	l. 24a. WAS AN PERFOR			E AUTOPSY FINDINGS
MEDICAL	Prostale CANCE	R							1 TYES 2	/	COM	PLETION OF CAUSE
WE							,					YES 2 MO
ž	DID TOBACCO USE CONTR	RIBUTE TO CAL	JSE OF DEA	TH YE	s 🗆	NO 🛭	UNCERT	TAIN [
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLAC	E OF OEATI								
S	1 U YES 2 NO	HOSPITAL:	ER/Dutpetlent 3		OTHE 4 Nu		a 5 🗔 Realder	nce 6 🗌 (Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF I		26b. TIME		28c. iNJ	URY AT	28d.	DESCRIBE NOW II	NJURY OCCUP	RED	
BY	1 Natural 5 Pending 2 Accident Investigation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		М		ES 2 NO	,				
	3 Suicide 6 Could not be	28e. PLACE OF building, (INJURY — A1 ha	ıme, farm, st	reet, fec	tory, office			LOCATION (Street a City or Town, State)	nd Number or	Rural Route	Number,
	4 Homicide determined								ony or town, claidy			
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the beat of r	my knowledge, de	ath occurred	d at the	Ilme, date	and place, and	due to the	Cause(s) and man	ner se stated		
MO	one) 2 MEDICAL EXAMINE											manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER		.02	_	_		29c. LICENSE			29d. DATE S		
R	Maria !!	Mari	Dewo				040		, 1		2/act	
2	NA MANUE AND ADDRESS OF REPORT WATER	COMPANIE COLOR		201			040	0.1	1	- 11	4	

CAUSE OF DEATN (ITEM 27) (Type, Print)

20 Crossroads Drive Suite 12 annas Mills MD

32. REGISTRAR'S SIGNATURE

Studier Redell

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THE EXTENSIONALE THE LAW requires that the death certificate be executed within 24 hours after death. Page 6 may	mental Annual comments has been signed by the attending physician and completely filled in by the funeral director, pa	A star death with the plant Dept. of Health and Mental Hydiene prior to build cremation, or removal
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Y CCM	# 1 Film # G 719 1-5-	95 N.A. Per	r tuneral	. Home						95	U) 33
	FOR 1 - STATE REGISTRAR	STATE OF MA			TMENT OF			MENTAL	HYGIEN REG. NO	-		
	1. DECEDENT'S NAME (First, Middle, Last)	Bancro		lliams		ULA	***	2. DATE C).	T .	3. TIME OF DEATN
	BANCROF		WILLI/					MOWEH	NUARY	DAY 1 1	q'a's	6:55 P
	4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (In yrs. las		IF UNDER 1 YEAR	15 1 mm				1, 1		
	218-28-4511A	1	63	YRS.	MONTHS DAYS	HOURS	MIN.	SEPT	Day, Year)	1931	Country)	RYLAND
TOR	9a. FACILITY NAME (If not institution, give s THE JOHNS HOPKINS RESIDENCE OF DECEMENT			BALTIM			ATN		9c. COU	NTY OF DEA	ATH	
DIRECTOR						TOWN OR LOCATION BALTIMORE						LIMITS? X
FUNERAL	100. STREET AND NUMBER 5902 SUNSET AVE.			1	1	of. ZIP COD	207			10g. CITIZEN OF WHAT COUNTRY? USA		
Z	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN ITS AD	MED	12 344 5 04	CEMPENT	OF HIODAN	IIC ORIGIN?	70 H H			
B	1 Never Married 2 Married 3 Wildowed 4 Divorced Solution Wildowed Divorced Divorced FORCES 1 (A) YES 2 NO IF YES, GIVE WAR OR DATES AIR FORCES FORCES AIR FORCES				If yes, o	s 2 XNO	en, Mexica	n, Puerto Ri	cen, etc.)	a or no	Black, Specify:	- American Indian, White, etc. WHITE
E	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S	USUAL OCCUPAT	TION	in-	16b. I	IND OF BU	ISINESS/INI	DUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	life.	Do NOT us FEACH	e retired.)	OST OF WORK	ng	HI	STORY	-HIGH	H SCHO	X
examiner must be notified at once. TO BE COM	17. FATNER'S NAME (First, Middle, Last) BANCROFT WILLIAMS	S, SR.						ME (First, MI E MCC)		Surname)		
TO E	198. INFORMANT'S NAME (Type/Print) MRS . LILLIAN WILLIAMS 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5902 SUNSET AVE . BALTIMORE , MD 21207											
must b	20a. METNOD OF DISPOSITION 1	oval from State	20b. PLACE	ND DATE O	SERVICE	Vame of COR	P]	DATE 1-4-9	20c. LO BAL	CATION —	City or Town	n, Stata
caminer	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEET HO						& BR			nTMOD.	E, MD 21215
atic event, the medical	23. PART I. Enter the diseases, proshock, prhaert failure. IMMEDIATE CAUSE (Final disease pricondition resulting in death) Sequentially list conditions,	a. DUE TO (O	Hemurik R AS A CONSEC	A S IC	Pan (1e			as cardi	ac or reap	iratory an	reat,	Approximate interval Between Onset and Death
y, or other traumatic	DUE TO (OR AS A CONSEQUENCE OF): If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
shows any injury, MEDICAL CE	Acuto Renal Failure / Myo Cardial Ischamia 1 Tes 2 NO OF DEATH								VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? YES 2 NO			
23 AN	25. WAS CASE REFERRED TO MEDICAL	LIBUTE TO CAU					EKIAIN	, П				
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER:							
YS a	1 O YES 2 NO	1 Impatient 2 E			4 - Nursing No		asidenca	8 Other	Specify)			
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF IN: (Month, Day,	Year)	28b. TIME	M 1 🗆	JURY AT ORK? YES 2	□ NO	28d. DESC	RIBE NOW I	INJURY OC	CURED	
	3 Suicide 8 Could not be 4 Nomicide determined	28a. PLACE OF I building, atd	NJURY — At hor c. (Specify)	me, term, st	reet, factory, offi	lce			ION (Street of Town, State)		or Rural Rou	ite Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINED											and menner as stated.
BE BE	296. SIGNATURE AND TITLE OF CERTIFIER Marion	Boyd	Tilles	pie	M.O.	29c. LIC	98	BER 3 U	/		E SIGNED (A	Aonth, Day, Year)
2		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	31. DATE FILED (Month, Day, Year) JAN 0 5 1995	2. REGISTRARY		4								

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IG PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burtal-transit permit. Pages 1, 2, 3 s death with the State Dept, of Health and Memai Hypiene prior to burtal, cremation, or removal.	is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a be filed within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traum

95 00134 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BERNICE JAN.2,1995 B. YOUNG 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Morth, Day, Year) JAN. 28, 1924 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 219-22-1798 DAYS HOURS MIN. 1 - M 2 1 F 70 MARYLAND YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1800 Ε. NORTH AVENUE BALTIMORE CITY n/a RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
VLIMITS?
1 YES 2 NO MARYLAND n/a BALTIMORE 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1800 Ε. NORTH **AVENUE** 21213 UNITED STATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Markean, Puerto Rican, etc.)

1 YES 2 (NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YOU IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced Specify:BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) DOMESTIC n/a 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CLARENCE MC INTYRE CEICY MADDOX BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
1800 E. NORTH AVENUE, BALTIMORE, MARYLAND21213 2 CECIELA Mc INTYRE 20e, METHOD OF DISPOSITION
1 Disputate 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 4 Donation 6 Other (Specify) KING MEMORIAL PARK Randallstown, MD 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE WM. C. MARCH FH.-1101 E. NORTH AVENUE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Typercal Cemia
DUE TO FOR AS A CONSEQUENCE OF: Induced reaulting in death) BreasT Cancer NOL Months Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate

CERTIFICA	cause. Enter ÜNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):						
MEDICAL	PART II. Other algoriticant condition Cerebrovos DID TOBACCO USE CONTI	scular Disease				24a. WAS AN AUTOPSY PERFORMED? 1 PES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 40		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	28. PLAI HOSPITAL:	28. PLACE OF DEATH (Check only one)						
ВУ РН	27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28c. INJURY AT WORK? 1 YES 2 NO	_	28d. DESCRIBE HOW INJURY OCCURED				
ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, atreet, fac	ctory, office	26f. LOC City	ATION (Street and Number or or Town, State)	Rural Route Number,		

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

600 MWOIFE

IE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Johns Hoptimes

32. REGISTRAR'S SIGNATURE Studen Real &

2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

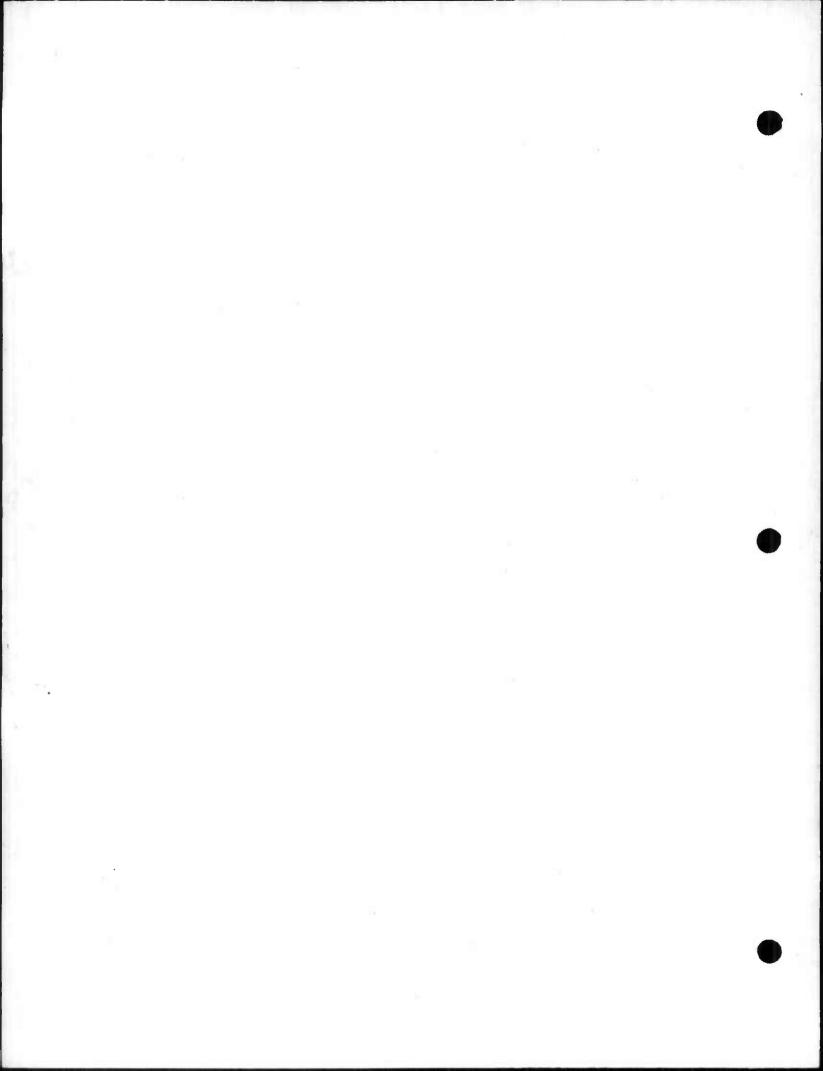
29c, LICENSE NUMBER

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

MO

Baltimore



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BALTIMORE, MARYLAND 21215-0020	eath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
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TO THE EUNE THE END AND THE REPORT AND THE END AND THE EVEN THE THE THE THE THE THE THE THE THE THE	TO THE HOSPIT	OR ATTENDING THE PRECORDS, P.O. BOX 68760. BALTIMORE, MARYLAND 21215-0020 of ATTENDING THE INTERIOR OF PRESIDENT THE law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician.	BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be retained by the hospital or attending physician.
	THE FUNE	This certificate has been signed by the attending physician and completely filled in the state Dent, of Health and Mental Hydiene prior to huial, cremation, or rel	by the funeral director, page 5 should be detached for use as the bunial-transit permit, Pages 1, 2, 3 moval

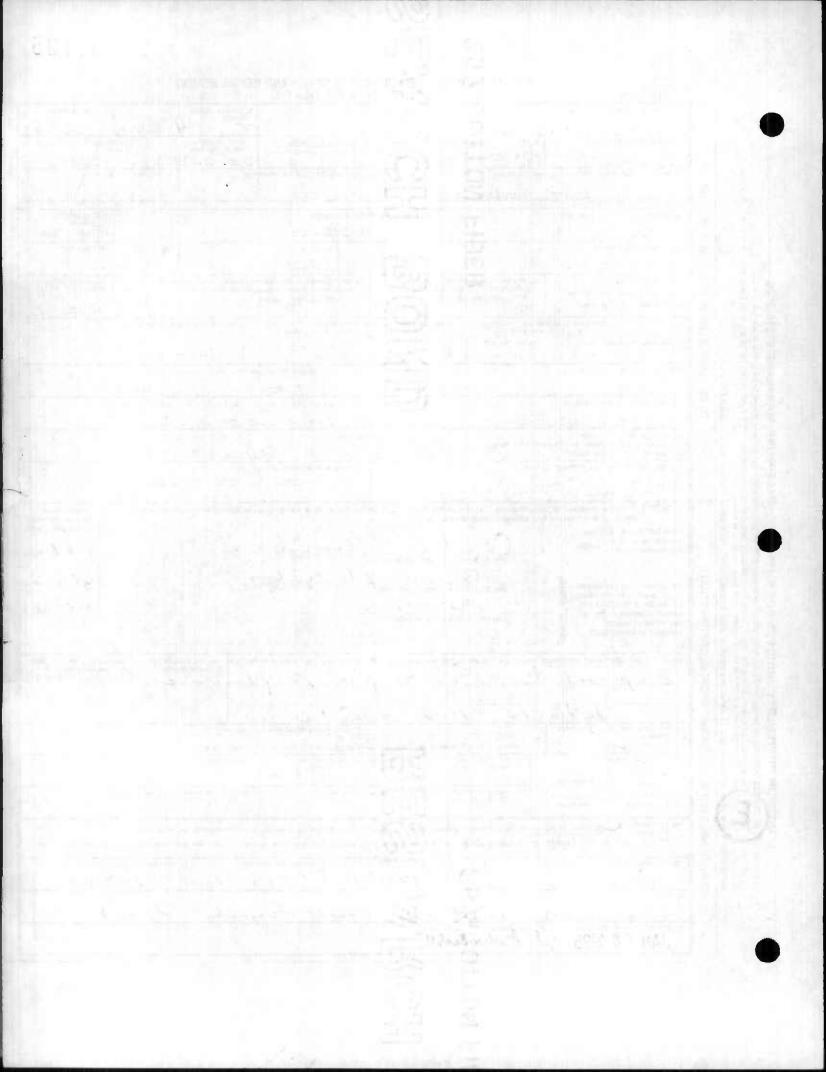
95 00135 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR e.Vie 55 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. DAYS HOURS 181-22-8368 1 M 2 🕱
9e. FACILITY NAME (If not institution, give attreet and number) 1 M 2 XF 84 Dec. 2, Texas 1910 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Villa St. Michael Nursing Home Baltimore

DIRECTOR	Villa St. Michael Nursing Home				Baltimore						
EC	10a. STATE	10b. COUNT		7	c. CITY, TOWN OR L	OCATION			10d. INSIDE CITY		
	Md.				Bal	timore			LIMITS?		
AL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?			
FUNERAL	4800 Seton	Dr.				21215		U.	S.A.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES GIVE WAR OR C			2 NO If yes, specify		C ORIGIN? (Specify Ye, Puerto Rican, etc.)	is or No — 14	RACE — American Indian, Black, White, stc. Specify: White			
COMPLETED		CEDENT'B EDU		(Give kir	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)		16b. KIND OF BU	ISINESS/INDUS	ТВУ		
4PL	Elementary/Secondary	(0-12)	5 +	P:	rofessor		Unive	ersity			
ш	17. FATHER'S NAME (First, Middle, Lest) William Garre			retson		nders					
TO B	19a. INFORMANT'S NAME			JLING ADDRESS (Str	Clara eet and Number or Rural Ro	oute Number, City or Tox					
Ĕ	Mrs. Zelma	Garre	tson-Butt	717	E. Lake	Ave. Balti	more, Md.	21212			
	1 Burial 2 Cremetion 3 Removal from State come				ACEAND DATE OF DISPOSITION (Name of y, crematory or other place) 1 top Service Corp. 1/5/95 Towson, Md.						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				22. NAM	22. NAME AND ADDRESS OF FACILITY					
	110	- In	14/10			Towson Fu					
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate										
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Corclard Turnbock Sufficiently in the condition resulting in death)										
PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): UF Q & S DUE TO (OR AS A CONSEQUENCE OF): d.										
MEDICAL (PART II. Other algnificant conditions contributing to deeth, but not resulting in the underlying ceuse given in Part I. Expeche Company of the Property of the Part I. Yes 2 END 1 Yes 2 END 1 Yes 2 NO										
ä	Tobacco how related										
SICIA	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	Outpatient 3 🗆 D	OTHEB	8. PLACE OF DEATH (Chec					
>	27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending investigation	28a. DATE OF INJU (Month, Day, Ye	JRY 286 per)	o. TIME OF 28c		28d. DESCRIBE HOW	INJURY OCCUP	RED		
TED B	a Districts —	Could not be determined	28e. PLACE OF INJ building, atc. (JURY — At home, fi (Specify)	arm, street, factory,	office	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,		
COMPLETED			ICIAN: To the beat of my k						ause(a) and menner as stated.		
TO BE C	296. BIGNATURE AND TITL	De	× 300	h	10	29c. LICENSE NUME	BER F72	29d. DATE S	GIGNED (Month, Day, Year)		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri

32. REGISTRAR'S SIGNATURE

JAN 06 1995



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

29b SIGNATURE AND TITLE DE CERTIFIER

6 1995

31. DATE FILED (Month, Day, Year)
JAN 0 6- 199

(Navid To. Schon MD)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Union MEM

32. REGISTRAR'S SIGNATURE

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INDORTANT 16 item 28 is marked as item 22 shaue one injury as other transmission and he marked to continue as a continue of the second and the second as a continue of the		TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within TS hours after obean with the State Ober, of Health and Mental Pyglene photo to burial, cremation, or removal.
	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit	hin 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transif permit
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit perm be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.		SPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Pages 1, 2, 3 should

Item#18 Film# G-719 01/06/95 R.M. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH June O. Adams 4:40 MM H A SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS 215-07-9121 1 M 2 TF DAYS HOURS MIN. 81 YRS. 6/26/1913 Frederick, MD 9e. FACILITY NAME (# not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital Extended Care Unit Baltimore RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3939 Roland Avenue 21211 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Mexicen, Puarto Ric 1 ☐ YES 2 X NO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES ВҰ 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Sn Elementery/Secondary (0-12) College (1-4 or 5+) **CaSHIER** once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) Ħ Franklin C N/A ADA RUTH EUREU BE Gosnell notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21228 2 Reta Hughes 701 Fern Valley Circle Apt. #1 Catonsville, Md. 99 20a. METHOD OF DISPOSITION
1 □ Burial 2 ※ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Greenmount Cemetery 4 Donation 5 Other (Specify) 1-6Baltimore City examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY David J. Weber Funeral Home 5311 Edmondson Ave. Baltimore, medical 23. PART I. Shiter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heert fallura. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death the diseese pr condition METASTATIC SQUAMOUS CELL CA

DUE TO (OR AS A CONSEQUENCE OF): event, resulting in death) traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 10 injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL WAILABLE PRIOR TO any COMPLETION OF CAUSE I TES 2 NO shows 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) item **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending BY 1 YES 2 NO-Investigation 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28 is 3 Suicide COMPLETED 8 Could not be 4 Homicide determined tem 29e. CERTIFIER

(Chack only 1 💢 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as attend. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, end due to the cause(s) end manner as stated.

29c. LICENSE NUMBER

472438146

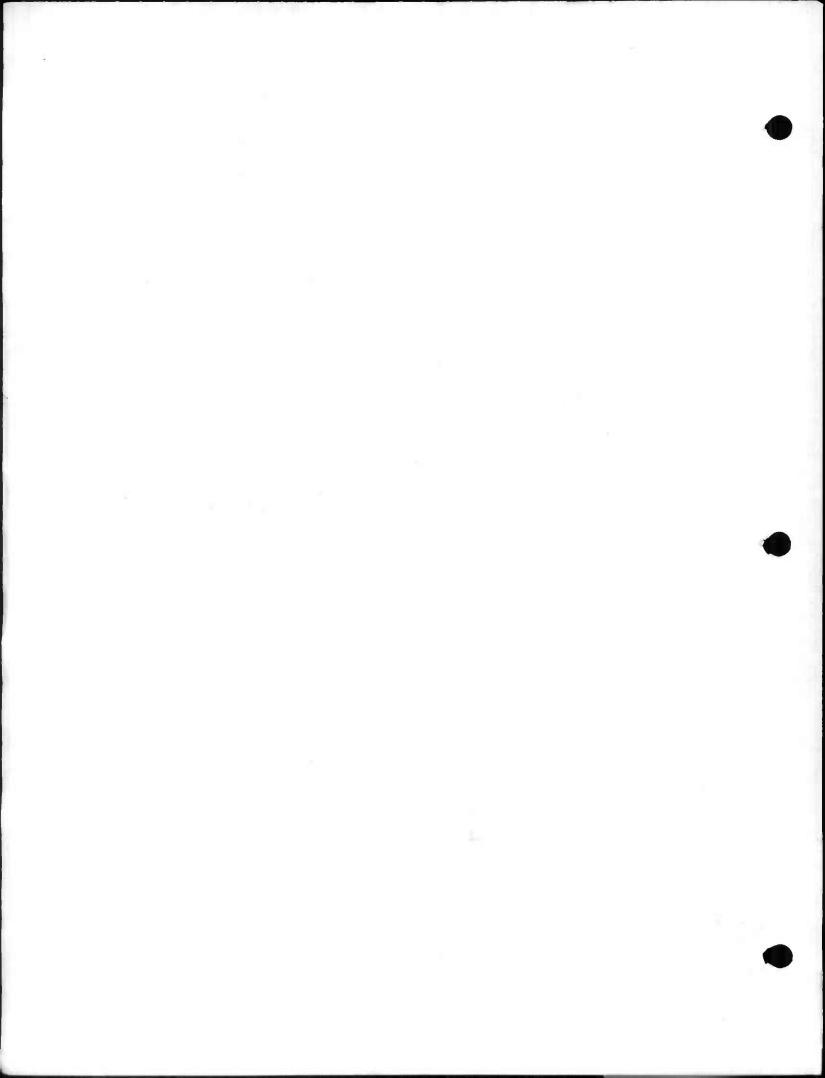
29d, DATE SIGNED (Month, Day, Year)

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r attending physician.	use as the burial-transit permit. Pages 1, 2, 3 should		
fours after death, Page 6 may be retained by the hospital of	d in by the funeral director, page 5 should be detached for	or removal.	medical examiner must be notified at once.
s PHYSICIAN: The law requires that the death certificate be executed within and other steer that have be retained by the hospital or attending physician.	This certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	If with the state Uept. Of health and Mental hyglene prior to burial, cremation, or removal.	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TID THE HOSPITAL OR ATTENDING	TOWNE FLAMERAL DIRECTOR: After	THE MED WITHIN 12 HOURS ARE! DEAD	IMPORTANT: II Item 28 is ma

	FOR 1 - STATE REGISTRAR	STATE OF M/	ARYLAND / DEPAI CERTIF	RTMENT OF	HEALTH AND		YGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)			TOATE C.	DEATH	2. DATE OF			13	TIME OF DEATH
	WILLIAM JEFFE	PDCOM DDTC	CDC TTT			MONTH	5		YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		GES TTT AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I				M ACE (State or Foreign
	250-74-7277 9s. FACILITY NAME (# not institution, give st	1 🖾 M 2 🗌 F	49 vrs.	MONTHS DAYS		1-13-4	ny, Ybar)		Country)	Carolina
DIRECTOR	16501 Garfield A			Monkto		EAIH		Mary		н
EC	10a. STATE 10b. COUNTY	,	10c, Cl	TY, TOWN OR LOC	ATION				104	d. INSIDE CITY
	12.000	imore		nkton					10	LIMITS?
RA	Comment of the commen				Of, ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?
FUNERAL	16501 Garfield A				21111			U.S.	A	
FU	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	EVER IN U.S. ARMED	13. WAS DE	ECENDENT OF HISPA	NIC ORIGIN? (S	pecify Yes	or No- 14	I. RACE — / Black, Wr	American Indian, hita, atc.
ΒX	3 Widowed 4 Divorced	IF YES, GIVE WAR		1 🗆 YE	S 2 NO Specif		1, 010.,		Specify: Whit	
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed		USUAL OCCUPAT		16b. KJN	D OF BUS	SINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 4 yrs	He. Do NOT u	mployed		Gre	at B	av Gro	Olin	
0	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA				Jup	-
	William Jefferso	on Bridges	s. Jr.		Anne		elan	.,		
BE	19s. INFORMANT'S NAME (Type/Print)			ADDRESS (Street	and Number or Rural				nde)	
6	Heather M. Bridge	25	- 1		ld Ave. M				,	
	20a, METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION /		DATE		CATION - CIN		Danta
	1 Buriel 2 Cremellon 3 Remo	rval from Stata	McClellan	other place)	raine or	1				
	21. SIGNATURE OF FUNEBAL SERVICE LICE	ENSEE	MCCTETTAL		AND ADDRESS OF FA	1-7	MCC	lellar	Will	e.S.C.
	· The	160	9	Ruck	k Towson O York Rd	Funera	1 Ho	me, Ir	1C.	
NO	23. PART i. Enter the diseases, pr cahock, pr heert feiture. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	DUE TO (OI	ARDIAL RASA CONSEQUENCE O	INFA PI: ARTERY	RCTION	V	or respin	ratory arrest	t,	Approximeta interval Between Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST	DUE TO (OF	R AS A CONSEQUENCE O	F):						
PHYSICIAN: MEDICAL	PART II. Other algoriticant conditions	contributing to de	eth but not resulting	in the underlying	ng cause given in		PERFOR	MED?	AWAI COM OF 6	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
ਹੋ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	PLACE OF DEATH (Ch	neck only one)				
YSI	1 YE\$ 2 NO		R/Outpatient 3 DOA	4 Nursing Ho	me 5 Residence	a 🗆 Other (Sp	ecify)			
ВУ РН	27. MANNER OF DEATH 1. Netural 5 Pending 2 Accident Investigation					28d. DESCRIE	BE HOW IN	JURY OCCUR	RED	
3 Suicide 6 Could not be datermined 28a. PLACE OF INJURY — At home, lam				street, factory, offi	281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				Number,	
29e. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the cone) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my										d manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1 My			29c. LICENSE NUMBER 24740			29d. DATE SIGNED (Month, Day, Year)		
O.	30. NAME AND ADDRESS OF PERSON WHO	TRAILL	OF DEATH (ITEM 27) (Type		<u> </u>				1-1	/ •
			1 17	JOHN!	> HOPK	INS F	10511	1105	GOLT	IMARE
	JAN 06 1995	32 REGISTRAR'S	SIGNATURE							rione



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attending physician.	use as the burial-transit permit, Pages 1, 2, 3 should		
the minimum mounts are coam, raye o may be recamed by the nospital of	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3	ial, cremation, or removal.	event, the medical examiner must be notified at once.
and the control of the same beginning and the beginning to the control of the con	After this certificate has been signed by the attending physician and c	The death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or it	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	ETOR.	ş	22

		FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND		HYGIENE REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last) DANIEL J	BUKOVSK	7			2. DATE OF MONTH	DAY	YEAR	3. TIME OF DEATN
		4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEA		7 DATE OF	BIOTH	1995 8. BIRTN	1:33 pM IPLACE (State or Foreign
Pir		212-16-2634		/5 YRS.	ONTHS DAY		_	er12,19	_	Maryland
3 should	R	9a. FACILITY NAME (If not institution, give GREATER BALTIMO	,		9ь. city, tow TOWSON	N OR LOCATION OF D	EATN		COUNTY OF D	
5 1, 2,	CTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT							21 21101	
Pages	DIRE	Maryland		-	TOWN OR LO					10d. INSIDE CITY LIMITS? 1 VES 2 NO
020 physician. burial-transit permit.		10e. STREET AND NUMBER			imore	City 101. ZIP CODE		10g.	CITIZEN OF W	WHAT COUNTRY?
ian. transit	FUNERAL	6003 Edna Ave	12. WAS DECEDENT EVER IN	III C ADMICO	1 40 1110 5	21214			U.S.A	
O 8 8	BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES	2 NO	II yea,	BECENDENT OF HISPA specify Cuban, Mexico ES 2 NO Specific	an, Puarto Rica	Specify Yea or No- in, etc.)	Speci	
215 attend	윤	15. DECEDENT'S EDI (Specify only highest grad	UCATION (e completed)	18a. DECEDENT'S U	rk done during	NTION most of working	16b. KI	ND OF BUSINESS		hite
MARYLAND 212: retained by the hospital or att 5 should be detached for use notified at once.	COMPLETED	Elementery/Secondery (0-12)	College (1-4 or 5 +)	ille. Do NOT use Gasoline	retired.)	Inspector	St	ateof Ma	arylan	d
MARYLAND retained by the hospit 5 should be detached notified at once.		17. FATNER'S NAME (First, Middle, Last) JOSEF BUKOVSKY				18. MOTHER'S NA	Sixt	lle, Maiden Sumam A	00)	
MARN retained t 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	DDRESS (Street	et and Number or Rural			, Zip Code)	
40		John D. Bukovsk			ne as					
IOR ector, p		1 X Burial 2 Cremation 3 Rer 4 Donation 5 Other (Specify)		PLACE AND DATE OF		1/7/95	DATE	Balti	i — any or to i more	
BALTIMORE, in our ster death. Page 6 may be d in by the funeral director, page or removal.		21. SIGNATURE OF FUNERAL SERVICE V			Leoi	and address of Fa	JCK Fu	neral Ho	ome, I	nc.
	\neg	23. PART i, Enter the diseasea, or	complications that caused	the death. Do no		Harford Harford Hard				Approximete
		IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	List only one ceuse on ea	garily	u					Intervel Between Onset and Death
68760 ecuted wit ind comple burial, crep	N	Sequentially list conditions,	a animia	1						2 weeks.
9 5 5 F	RTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	· Hairy c	CONSEQUENCE OF)	emia					4 1/2 months
- ta # a -	8	resulting in death) LAST	d							1
y in A	MEDICAL	Change Astructor	7 /	1'	the underly	ing cause given in		e. WAS AN AUTOP PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
L RECOR law requires that as been signed by bept. of Health an	MED	Coronary heart	disease /	uncone.			1	YES 2 NO	'	OF DEATN?
AL R le law rec has beer Dept. of		DID TOBACCO USE CONT					N 🗆			
F VITA SICIAN: The certificate h the State [, or item	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ome 5 🗆 Rasidence	# [] Other (C	Dec/ful		
OF V PHYSICIA this certif with the	PHY	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c.	INJURY AT WORK?		BE HOW INJURY	OCCURED	
ING ING ING ING ING	B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home ferm str		YES 2 NO	281 LOCATIO	ON (Street and Nun	ahar ar Rumi R	Parish Museline
ATTEND ATTEND	Œ	4 Nomicide 8 Could not be determined	building, atc. (Speci	f(y)	501, 100107y, 01		City or Ti	own, State)	Del or nurer n	oute reomber,
I O I	립)		SICIAN: To the best of my knowle							
HOSPITAL NINEBA	8	2 MEDICAL EXAMIN	ER: On the basis of axamination	and/or investigation	in my opinion			-		
TO THE HO TO THE BUT TO PER SHEET WITH	BE	Man James	MD			D-14		29d. 1	DATE SIGNED	(Month, Day, Year)
15+	10	30. NAME AND ADDRESS OF PERSON WIN				rd Rond,		Itimore	md	21234
		31. DATE FILED (Month, Day, Ybar) JAN 0 6 1995	32. REGISTHAR'S SIGNA	TURE	7.011 16	/ / / / / / /	47 64) / (01)	
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200-01-1	4 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the bunat-transit permit. Pages 1 nn, or removal.	re medical examiner must be notified at once.	
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. OECEDENT'S NAME (First, Middle, Last)	2. DATE OF OEATH 3. TIME OF DEATH									
	CHARLES J BUTKA JR.	JANUARY 3, 1995 4:30A									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HR	S. 7. DATE OF BIRTH S. BIRTHPLACE (State or Foreign									
	220 07 9093 1 🔀 M 2 🗆 F 75 YRS. MONTHS DAYS HOURS MIN	June 10,1919 Maryland									
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF	DEATH 9c. COUNTY OF DEATH									
6	Veterans Medical Center Penny Point	Cecil									
EG	RESIDENCE OF DECEDENT										
DIRECTOR	Manyland Anne Anundel Baltimone	LIMITS? 1 YES 2 NO									
	10e. STREET AND NUMBER 10f. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?									
FUNERAL	5211 - 6th Street 21225	U.S.A.									
5		PANIC ORIGIN? (Specify Yes or No. 14. RACE — American Indian,									
ВУ	IF YES, GIVE WAR OR DATES 1 ☐ YES 2 ♥ NO So	city: Specity:									
	world war II	White									
COMPLETED	(Specify only highest grade completed) (Give kind of work done during most of working	16b. KIND OF BUSINESS/INDUSTRY									
2	Elementary/Secondary (0-12) College (1-4 or 5+) Connectional Officen	State of Manyland									
O	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S	NAME (First Middle Maiden Surname)									
BE C	Charles J. Butka Sr.	osephine S. Babicky									
OB	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Ru	ral Route Number, City or Town, State, Zip Code)									
F	Charles Butka III 305 Ryan Road Gles	n Burnie, Manyland 21061									
	20a. METHOD OF DISPOSITION 1 & Burlel 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of Campilery, creft party or or other disease).	DATE 20c. LOCATION — City or Town, State									
	1 % Burisi 2 Cremation 3 Ramoval from State capacity, cramatory grothen flace) 4 Donation 8 Other (Specify) Donation 8 Cattle Veteran Cem.	1/5 Crownsville, Maryland									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY GEORGE J. Gonce Funeral Home P.A.										
	4001 Ritchie Hwy. Baltimore, Md. 21225										
	23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, a shock, or heart failure. List only one cause on each line.	such as cardisc or respiretory arrest, Approximate interval Between									
	IMMEDIATE CAUSE (Fins)	Onset and Death									
	disease or condition resulting in death) s. Se SEPSIS										
_	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
SAT	cause. Enter UNDERLYING										
	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE DF):										
띮	resulting in desth) LAST										
AL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given	In Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
2		PERFORMED? AVAILABLE PRIOR TO									
EDIC		T YES 2 44NO OF DEATH?									
. N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERT.	1 TES 2 NO									
IAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 No OTHER: 4 Nursing Home 5 Residen	ca 6 Other (Specify)									
BY PHYSICIAN: M	27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCURED									
3	1 X Netural 5 Pending M 1 YES 2 NO										
	3 Suicide 6 Could not be determined determined	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
LÉTÉD											
7	29s. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and										
COMIN	2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at	the time, data and place, and due to the cause(s) and manner as stated.									
BE (290. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE	(100,000)									
6	D3239	5 1-3-95									
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH (ITEM 27) (Type, Print) THOMAS FINUCAN M.D., VAMC PERRY POINT MD 21902										
	31 DATE EILED (Month One West) 20 DECEMBER 20 DECEMBER 20										
	IAN 0 6 1995 Juli Studior Radall										
	THAT WILL AND THE THE THE PARTY OF THE PARTY										

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95 00140 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 2:35 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH HOURS VRS 9b, CITY, TOWN OR LOCATION OF DEATH BY FUNERAL DIRECTOR imore Baltimore STATE 16b. COUNTY 10d. INSIDE CITY 1 VES 2 NO land 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21216 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 ☐ NO Specify: 1 Never Merried 2 Merried 3 Widowed 4 Divorced BE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life, Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) ol eman 0 MOTHER'S NAME (First, Middle 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRES 2 METHOD OF DISPOSITION 26b. PLACE AND DATE OF DISPOSITION / Nam Buriel 2 Cremetion 3 Ren arrison 5 Other (Specify) Josep Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac shock, or heart fellure. List only one cause on each line. Approximste interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition a. SPA 2 th suida

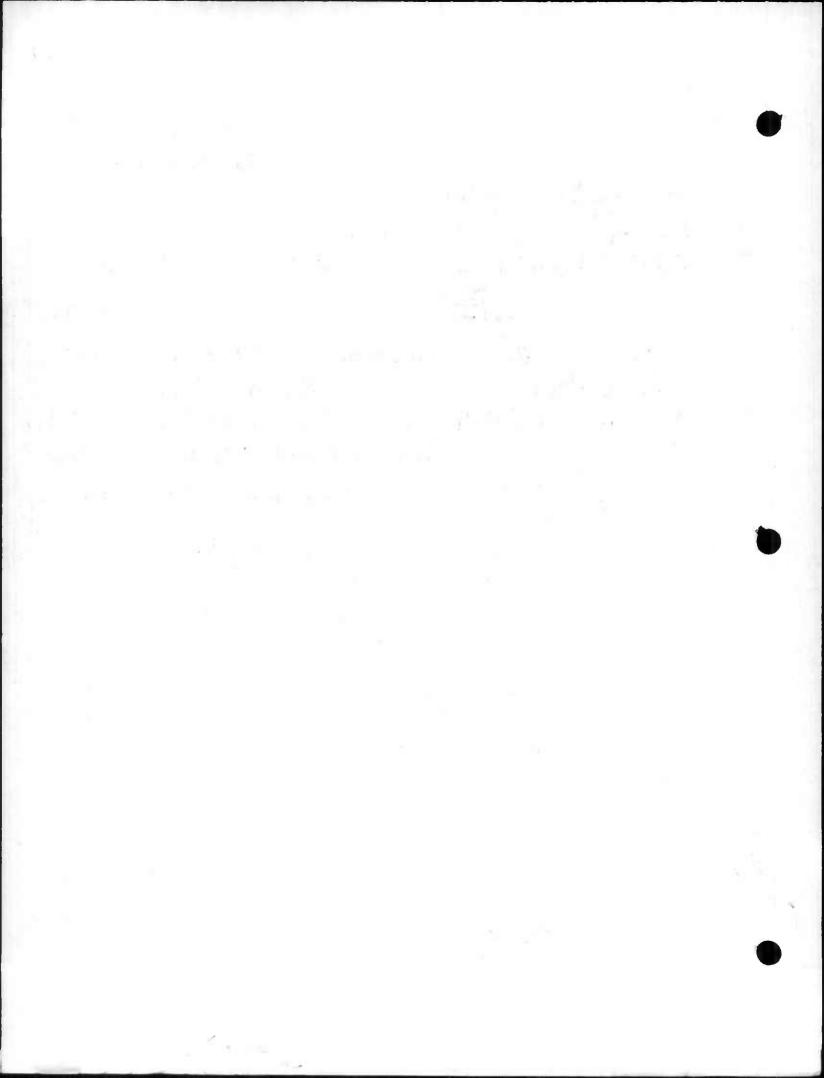
/ DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING ortia DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or injury that initiated evente resulting in death) LAST PART ii. Other significent conditione contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 T NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO [25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28e. DATE OF INJURY (Month, Day, Year) 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending ВУ 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as ateted.

MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end manne

29c. LICENSE NUMBER

29d, DATE SIGNED (Month, Day

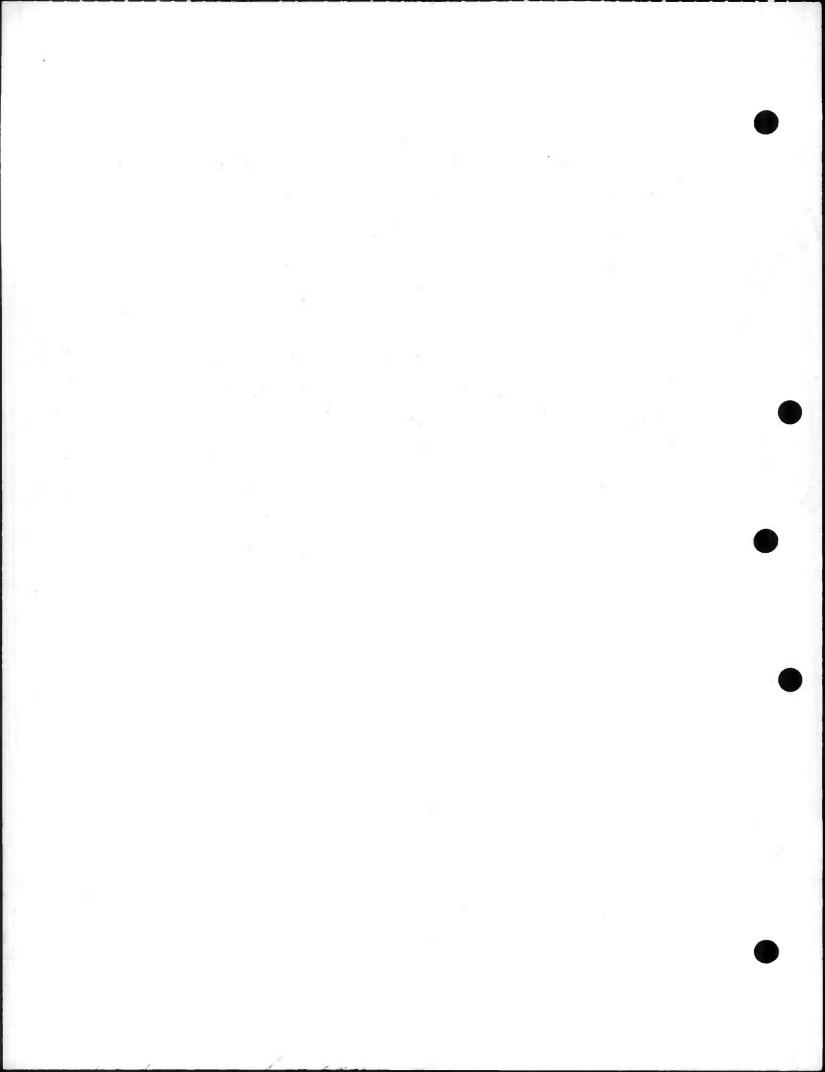
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR CERTIFICATE OF DEATH REG. NO.
	Į.	1. DECEDENT'S NAME (First, Middle, Lest) TOY SILLY 2. DATE OF DEATH MONTH TAN 1997 2345 M
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH [Month, Day, Year] 1 M 2 F 5 YRS. 8. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH [Month, Day, Year] 1 1 1 1 1 1 1 1 1 1 1 1 1
3 should		9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH
2, 3	TOR	Northwest General Hospital Baltimore
ages 1	DIRECTOR	10g. STATE 10b. COUNTY 10g. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
mit. P		Maryland Daltimore 1 1 Fres 2 - No
020 physician. burial-transit permit. Pages 1, 2,	FUNERAL	3601 Patterson Ave. 21207 U.S.A.
)20 ohysicia burial-ti		11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Wentled 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No Black, Whita, atc. 14. RACE — American Indien, Black, Whita, atc. 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No Black, Whita, atc.) 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No Black, Whita, atc.) 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No Black, Whita, atc.)
21215-0020 al or attending physic for use as the bunial	В В	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES I YES 2 W NO Specify: NO Specify: NO Specify:
or atte	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY
	APLE	ElementaeviSecondary (0-12) College (1-4 or 5+) Transporter Sinai Hospital
YLAND by the hospit be detached at once.	COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)
MARYLAND retained by the hospit should be detached notified at once.	BE	Clement Sounders 190. MAILING ADDRESS (Strept and Number or Burlet Route, Number, City of Cown, State, Zip Code)
	임	Lawrence Billy 3601 Patterson Ave. Balto. Md. 21207
BALTIMORE, ref hours after death. Page 6 may be lifted in by the funeral director, page on, or removal.		20s. METHOD OF DISPOSITION 1
BALTIMOR Ber death. Page 6 ma the funeral director, p val.		21. BIGNATURE OF FUNERAL SERVICE LICENSEE / 22. NAME AND ADDRESS OF FACILITY
ALTIN death. Pag de funeral dir d. examiner		Menh & Rusy Joseph L. Russ Funeral Home
B hours after to by the or removal		23. PART/I. Enter the diseases. Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, about, or heart failure. List Drily one cause Dn each line.
y filled in the titon, or real the media		IMMEDIATE CAUSE (Final disease or condition A R D S
		resulting in death) DUE TO (OR AS A CONSEQUENCE OF):
K 68760 executed within and complete to burial, crem mattic event,	N	Sequentially list conditions, b. SEPSIS
AL RECORDS, P.O. BOX 68 e law requires that the death certificate be execut has been signed by the attending physician and of Dept. of Health and Mental hygiene prior to bunit 23 shows any Injury, or other traumatic	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CALLES (Please or leiter). CHOLECYSTITIS
O. B ritificate ng phys jiene p	IFIC	that initiated events DUE TO (OR AS A CONSEQUENCE OF):
CORDS, P.O. BO) so that the death certificate be gned by the attending physician auth and Mernal Hygiene prior a any Injury, or other trau	E	resulting in death) LAST
CORDS, res that the dear gned by the att auth and Menta as any Injury, s any Injury,		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AWAILABLE PRIOR TO
SOR Soned by Parith ar	EDICAL	1 YES 2 NO COMPLETION OF CAUSE OF DEATH?
L RECCIAN TENT OF THE SIGN TO SEE SIGN SIGN OF HEAT 23 Shows	Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN D
OF VITAL RE PHYSICIAN: The law requ with the State Dept. of the rked, or Item 23 sho	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)
E VITA ICIAN: The certificate h the State I	YSIC	1 YES 2 NO 1 Pinpetlent 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
		27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO
SION ENDING P OR: After the	р Ву	2 Accident Investigation 3 Suicide 8 Could act be 28e. PLACE OF INJURY — At home, farm, street, factory, office 261. LOCATION (Street and Number or Rural Route Number,
2 2 2	ETED	4 Homicide determined building, arc. (Specify) City or Town, State)
(g)	COMPL	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) and manner as stated.
CAN WE		2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER
TO THE HASP TO THE FURTH TO THE WITHIN	O BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1995
11	7	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) C - (AV) Mb NHC, (AT) TD, MD 21177
4		31. DATE FILED (Month, Day, Year) / 32/99EGISTRAR'S (GNATURE)
		JAN 06 1995 July discussion hardest

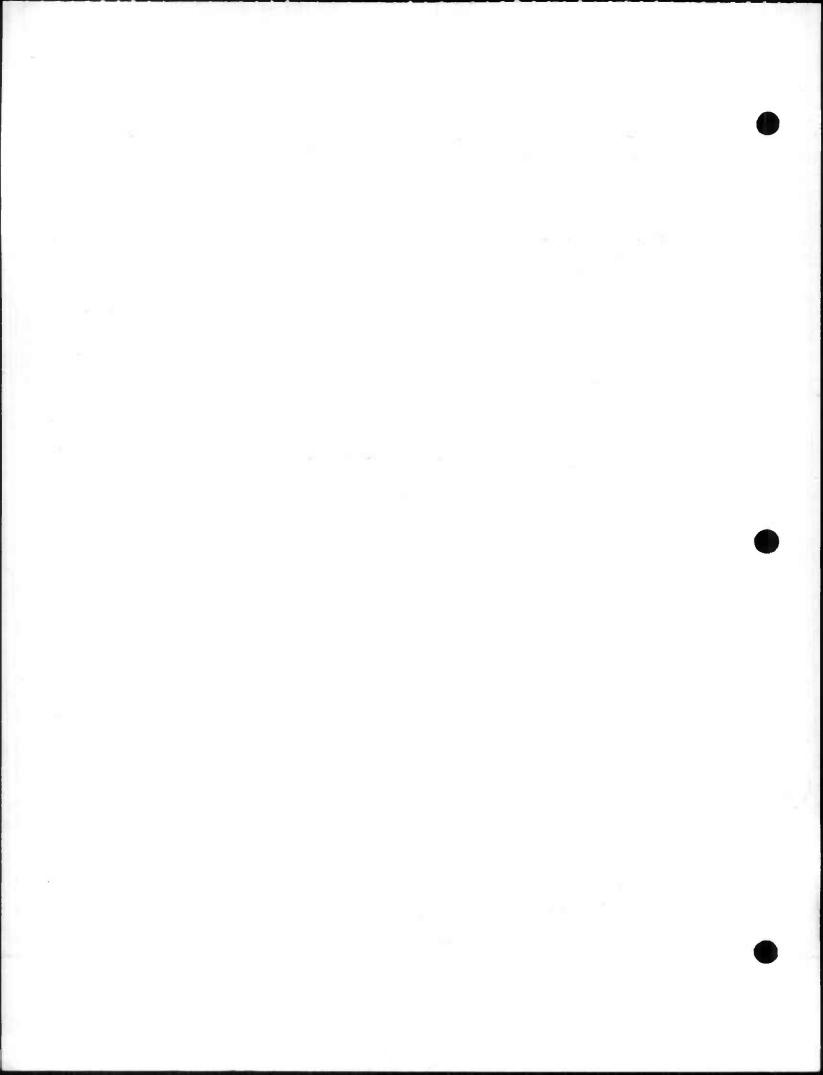


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DIVISION OVITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OF ATTENDING PROSIDIAN. The law requires that the death certificate be executed within any formers. The respiration of the management of the following properties of the

		/ DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.							
	1. OECEOENT'S NAME (First, Middle, Last)		2. DATE OF DEATH 3.							
	CHARLES A. BURK		JANUARY 4 . 199	5 6:55 PM						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs	lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH 8.	BIRTHPLACE (State or Foreign						
	212-12-4888 18M20F 7	YRS. MONTHS DAYS HOURS MIN.	3/5/1920 N	Paryland						
_	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF D	EATH 9c. COUNTY	OF OEATH						
E	THE JOHNS HOPKINS HOSPITAL	BALTIMORE CITY								
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY						
F	Maryland Anne Arundel	Linthicum		LIMITS?						
AL	10e. STREET AND NUMBER	101. ZIP CODE	18g. CITIZEN	OF WHAT COUNTRY?						
FUNERAL	301 Jerlyn Avenue	21090	United States							
5	11. MARITAL STATUS 1 ☐ Never Married 2 ☑ Married 12. WAS OECEDENT EVER IN U.S FORCES? 1 ☑ YES 2			RACE — American Indian, Black, White, atc.						
B	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES	1 TYES 2 NO Specific		Specify:						
ED	15. DECEDENT'S EDUCATION 16a	DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUSINESS/INDUST	White						
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work done during most of working life, Do NOT use retired.)								
J d	12	structor	Baltimore Ga	s and Electric						
COMPLET	17. FATHER'S NAME (First, Middle, Last)		AME (First, Middle, Maiden Surname)							
BE	James Burke.	Annie	Immler							
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAILINO ADDRESS (Street and Number or Rural) 11 100							
	Elaine H. Burke	301 Jerlyn Avenue		- 10						
	1 Burial 2 Cremation 3 Ramoval from State competery	E AND DATE OF DISPOSITION (Name of Cremetory or other place)	NIO9 DOSON N	or Town, State						
	21. SIGNATURE OF FUNERAL SERVICE LICENSER	DWINGE MEMORICA Var	MILITY Ambrose F.H. of 1							
	Q D A	1 2719 Hammonds	> Fry Rd., Lansdown	1e, MD 21227						
	22 PART I Enter the diseases or complications that arrest the	3 577	,							
14	23. PART I. Enter the diseases, or complications that caused the shock, or heart fallure. List only one cause on each	death. Do not enter the mode of dying, aud ne.	ch as cardiac or respiratory arrest.	Interval Between						
	IMMEDIATE CAUSE (Final disease or condition			Onset and Death						
	resulting in death) a. ///////////////////////////////////									
z	En Hype	718 101.		20 1-1-065						
일	Sequentially list conditions, if any, leading to immediate b. DUE TO (OR AS A CONSCOUENCE DF):									
S	CAUSE (Disease or Injury	they a vera		20 LUARU						
	that initiated events DUE TO (OR AS A CON resulting in death) LAST	SEOUENCE OF):								
CERTIFICATION	d									
A A	PART II. Other algnificant conditions contributing to death but n	t resulting in the underlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO						
EDIC			1 U YES 2 NO	COMPLETION OF CAUSE OF DEATH?						
M			_ (1)	1 - YES 2 NO						
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF D		N 🗆 📗	`)						
PHYSICIAN: M	EXAMINER? HQSPITAL:	ACE OF DEATH (Check only one) OTHER:								
₹	1 ☐ YES 2 NO 1 Inpetient 2 ☐ ER/Outpatien 27. MANNER OF DEATH 28s. DATE OF INJURY	3 DOA 4 Nursing Home 5 Residence 28b. TIME OF 28c. INJURY AT								
	Netural 5 Pending (Month, Day, Year)	INJURY WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURI							
BY	2 Accident Investigation 3 Suicide Could get by 28s. PLACE OF INJURY — A	home, farm, street, factory, office	281. LOCATION (Street and Number or R	lumi Route Number						
COMPLETED	Surrice s Could not be building, etc. (Specify) Homicide determined	- 5.55	City or Town, State)							
1 1 1	29a. CERTIFIER (Check only CERTIFYINO PHYSICIAN: To the best of my knowledge	death occurred at the time data and place, and du	to the severals and manner as stated							
NO.	one) 2 MEDICAL EXAMINER: On the basis of examination and			use(s) and manner as stated.						
	29% SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU		GNED (Month, Day, Year)						
) BE	Gold Pelett in Pett ret									
The Reference of Death (ITEM 27) (Type, Print) John Rame and address of Person who completed cause of Death (ITEM 27) (Type, Print) John Reference of Death (ITEM 27) (Type, Print) John Reference of Death (ITEM 27) (Type, Print)										
-	John R Pot 1 1st & 2001 y Congo Avenue Kenzington by									
	Volan R 187 10078 2001	y confee Hornor	//	0 0000						
	31. DATE FILED (Month, Day, Year) 1AN 0 6 1995 July Discussion Reveals	y Cos 1,20 HOR NOR	, , ,	0 0000						



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF I		MENTAL HYGIENI REG. NO.	E						
1	1. DECEDENT'S NAME (First, Middle, Last Gir	DECEDENT'S NAME (First, Middle, Last) Girdy Bethune						2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 718-14-4263 90. FACILITY NAME (If not institution, give	1 (X) K (2 □ F							N.C.				
TOR	Meridian Nurs			Dunda		АТН	Baltimore						
DIRECTOR	10e. STATE 10b. COUN	m Baltimore	10c, CITY	on		10d. INSIDE CITY LIMITS? 1 YES 25 XNO							
FUNERAL	100. STREET AND NUMBER 126 William W	ade		USA		HAT COUNTRY?							
BY FUN	126 William Wade 212222 U; 11. MARITAL STATUS 1 Never Merried 2 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No—If Yes, Bpecify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2 No Specify 1 YES 2							14. RACE	American Indian, White, etc.				
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION te completed) College (1-4 or 5+)	life. Do NOT use	ork done during mo	st of working	166. KIND OF BUS			eel				
BE COM	17. FATHER'S NAME (First, Middle, Last) Daniel Bethun	18. MOTNER'S NAI	ME (First, Middle, Melden : MCMillia	Surneme)	1 50	eeı							
0	19a. INFORMANT'S NAME (Type/Print) Lena Bethune		126 W	Villian	Wade I	Balto., M	ID 2	122					
	20b. PLACE AND DATE OF DISPOSITION XM Burlal 2 Cremetion 3 Removal from State 4 Denotion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of cagalety, cremetory of other place) Arbutus Memorial Cemetery 1/7 Balto., MD 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons Funeral Ho												
ERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, approximate interval Between Onset and Death of the cause of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Approximate interval Between Onset and Death of the cause of the caus												
MEDICAL CE	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDS AMILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO								AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN:	DID TOBACCO USE CON' 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	1	28. PLACE OF DEATH	(Check only one) OTHER:		All and the second							
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ	RK? ES 2 NO	8 U Other (Specify) 28d. DESCRIBE NOW IN	JURY OCCU	IRED					
- 14	3 Suicide 8 Could not be determined 28. PLACE OF INJURY — At home, ferm, streef, fectory, office building, etc. (Specify) 28. LOCATION (Street and Number or Rural Route Nu City or Yown, State)								ute Number,				
29. CERTIFIER (Check only one) 20 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as attack.									and menner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	TASQ	ATAL (ITEM AT A		29c. LICENSE NUM 0413		29d. DATE	SIGNED (Month, Day, Year)				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	न्ताती) 			_						
	JAN 0 6 1995	July Studion Ren	dalk										

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Item#9a Per F.H. Film# G-719 01/06/95 R.M. 19b STATE OF MARYLAND / DEDARTMENT OF HEALTH AND MENTAL HYCICAE FOR

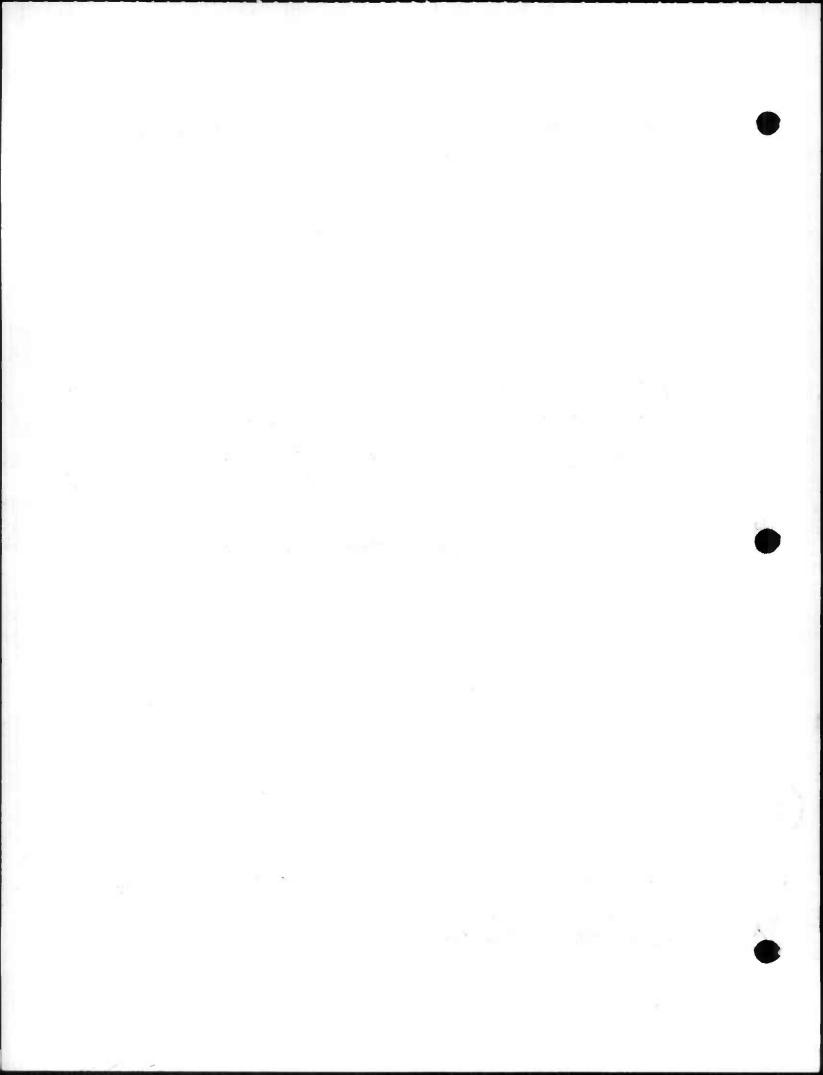
	1 - STATE REGISTRAR	SIMIL OF I	WANT LAND	ERTIF	ICATI	E OF	DEAT	ANU :	MEN	REG. N					
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN									٦					
	Barbara Jea						January 2,1995				4:51 P				
	4. SOCIAL SECURITY NUMBER	SECURITY NUMBER 5. SEX 6			IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DA	TE OF BIRTH	TN A BIRTI			PLACE (State or Foreign	1
	216-42-8507	1 🗌 M 2 🔀 F	50	YRS.	MONTHS	DAYS	HOURS	MIN.	Tur	orith, Day, Year) 1e 25	1	944	Ma 1	yland	1
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	r, TOWN C	R LOCATI	ON OF DI	_	20	-		TTY OF D		4
OR	Franklin Squa	re re Hosp:	ita1		Ro	sed	la1e					Ra1	timo	re	1
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN						_	Dul	CIMO						
E	2000				Y, TOWN		ION							10d, INSIDE CITY LIMITS?	
	Maryland Baltimore Essex										1X YES 2 □ NO	4			
FUNERAL	106. STREET AND NUMBER 1106 Tace Road Apt. 2D 109. CITIZEN OF WHAT USA														
В	1 1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, Wh								- American Indian, i, Whita, atc.						
	15. DECEDENT'S ED (Specify only highest grad	UCATION de comoleted)	16a. D	ECEDENT'S Give kind of a	USUAL O	CCUPATIO	N at of working			16b. KIND OF E	USIN	ESS/IND	USTRY		1
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	e. Do NOT us	se retired.)	during mo	SE OF WORKE	Ŋ							١
₽ B		2 Years	5	Nur	se										4
	17. FATHER'S NAME (First, Middle, Last) Walter Byrd,	Sr								st, Middle, Mald. Dick			_		
B	19a. INFORMANT'S NAME (Type/Print)	51.													4
임	Christopher B	yrd	"	1106	Tac	e R	load	Ap	t.	umber, City or To	own. SS	State, Zip	Mar	yland	
	20a. METHOD OF DISPOSITION 1 K Burial 2 Cremetton 3 Rep	moval from State	20b. PLACE cemetery, cri	AND DATE			me of		1 /6	ATE 20c. 1	OCA	TION —	City or To	wn, Steta	1
	4 Donation 5 Other (Specify)		Arbut		Memo	ria	1 P	ark		Ar				Maryland	j
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 5240 Reisterstown Rd														
	gang	Auris												e,Md2121	5
	23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final								Approximata Interval Between Onset and Death						
	disease or condition reculting in deeth)	tive he	ve heart failure										4 years		
z														4 years	ı
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	Sequentially liat conditions, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):													
	CAUSE (Disease or injury that initiated events	C	(OR AS A CONSE	OUENCE OF	F).										_
	reaulting in death) LAST		,		,									i i	ı
	2127 11 211 11 11 11	0,												1	1
CAL	pulmonary hyper	na contributing to	death but npt	reaulting i	In the ur	nderlying	ceuse g	lven in	Pert I.	24a. WAS / PERF			24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	1
	parmonary hyper	Lension, O	besity,	renar	lai	Ture				1 🗆 YES	2 1	NO		COMPLETION OF CAUSE OF DEATH?	ı
Σ														1 TYES 2 NO	ı
PHYSICIAN: MED	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CA					UNC	ERTAI	4 🗆						1
힐	EXAMINER?	HOSPITAL:		CE OF DEAT	OTHER			-			_				1
<u>"</u>	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2						sidenca	_	ther (Specify)		III 000			4
	1 🔀 Natural 5 🗌 Pending	(Month, D	wy, Year)) INJURY W			RK?	NO.	280. L	DEŞCRIBE HOW	INJ	UNY OCC	UHED		ı
BÁ	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE O	F INJURY — At he	JRY — At home, farm, street, factory, office			-	281. L	OCATION (Stree	t and	and Number or Rural Route Number,			1	
COMPLETED	4 Homicide datarmined	bunding,	atc. (Specify)						С	ity or Town, Stat	(0)				١
	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of	my knowledge, de	eath occurre	ed at the t	ime, data	and placa,	and dua	to the	cause(s) and m	enne	r sa state	id.		1
8	One) 2 MEDICAL EXAMIN													and menner as stated.	
U U							29c. LICE	NSE NUM						1	
∞ ∥	Staces Des	on MK	7					D177						ry 2,1995	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type,	Print)							- 00		-, -, -, -, -, -, -, -, -, -, -, -, -, -	+
	S. reipon ma		Frankli	in Sq	uare	Dr.	Bal	timo	re,	Mary1	an	d 21	1237		
31. Date Filed (Month, Doy, New) 32. REGISTRAR'S SIGNATURE 34. A deviler Real II														1	

mains were first and the

attending physician. se as the bunial-transit permit. Pages 1, 2, 3 should **BALTIMORE, MARYLAND 21215-0020**

760, BALTIMORE, MARYLAND 212:	d within 24 nours after death. Page 6 may be retained by the hospital or att	ompletely filled in by the funeral director, page 5 should be detached for use I, cremation, or removal.	event, the medical examiner must be notified at once.
PINSTON OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL CHARLES OF HYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTA	L HYGIEN				
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE	E OF DEATN		3.	TIME OF DEATH	_
	Rose Baxter					MONT		YE 95	AR	730 F	мс
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ((In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTN			ACE (State or Foreig	
	216-16-8369		34 yas.	MONTHS DAYS	HOURS MIN.	DE	th, Day, Year) C 28 1	910	MAR'	YLAND	
œ	9a. FACILITY NAME (If not institution, give str UNIVERSITY OF MA		TAI		OR LOCATION OF D	EATN		9c. COUNTY	OF DEAT	ΓN	
ᅙ	RESIDENCE OF DECEDENT	RILAND HUSPI	TAL	DAL	TIMURE						
<u>입</u>	10m. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	ATION				10	d. INSIDE CITY	
DIRECTOR	MARYLAND ANN	E ARUNDEL		PASA	DENA				1	LIMITS?	. 1
	10e. STREET AND NUMBER			1	H. ZIP CODE			10g. CITIZEN			
E	8136 ARMIGER DRI	VE			21122				U:	SA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DE	CENDENT OF NISPA	NIC ORIGI	N? (Specify Yea	or No.— 14.	RACE -	American Indian,	
	1 Never Married 2 Married	FORCES? 1 YES			pecify Cuban, Mexico S 2 X NO Speci		Rican, etc.)		Black, W Specify:	Vhita, alc.	
8	3 X Widowed 4 Divorced				A				1111-11	WHITE	
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION ompleted)	16a, OECEDENT'S L	SUAL OCCUPAT	ION lost of working	16	b. KIND OF BUS	SINESS/INDUST	RY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use				,	HOUSEHO	u D		
\$	4		HUME	MAKER					Ľυ		
႘	17. FATHER'S NAME (First, Middle, Lest) HENRY JOSEPH ALB	DICHT			18. MOTNER'S NA		Middle, Meiden MAY M(
H		KTUIII									
이	19a. INFORMANT'S NAME (Type/Print) SHARON J. MEYERS				DRIVE,						
	20a. METNOD OF, DISPOSITION	I.u.									
	1 Burial 2 Cremation 3 Ramor	ral from Stata 20b	PLACE AND DATE OF THE TRO CREM	FDISPOSITION (N Projace)	T N.I.C	0A1		CATION - City			- 1
	21. SIONATURE OF FUNERAL SERVICE LICE	NSEE O	ETRU CREM		INU.	11-	061 B	ALTIMO	⟨□,	עויין	-
	+7 he 34	?		STALL	INGS FUN	ERAL			MD	24422	
	23. PART I. Enter the diseases, or co	melications that cause	the death Do no	3 1	MOUNTAIN	RUA	U, PASA	ADENA,	עוש	21122	_
	anock, or neart tellura. L	ist only one cause on a	ach lina.	A ontar tha m	ode of dying, suc	// da Cai	diac of respi	atory arrest,		Approximate Interval Batw	rean
	IMMEDIATE CAUSE (Final disease or condition	Subarac	lunied 6	1emax	14000					Onset and D	eath
	reaulting in death)		CONSEQUENCE OF		, and						
,			ounded de la constant							İ	
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)	:							
3	cause. Entar UNDERLYING										- 1
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)	:							
CER	reaulting in dasth) LAST										
	PART ii. Other significant conditions	contributing to death b	ut not resulting in	the underlying	o cause given in	Part i	24a. WAS AN	ALITOREY	245 WI	ERE AUTOPSY FINDI	1100
SAL		3	and the same of th	· the anagriya	ig cadao givan ni	vait i.	PERFOR	MED?	AM	AILABLE PRIOR TO EMPLETION OF CAUS	-
							1 YES 2	□ NO	OF	OEATN?	_
Σ	DID TOBACCO USE CONTR	RUTE TO CAUSE O	E DEATH VEG		T HINCERTAI			ŀ	1 {	YES 2 NO	
A I	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF OEATN			IN LL					
<u> </u>	EXAMINER?	HOSPITAL:		OTHER:		a [] au					\neg
PHYSICIAN: MEDIC	27. MANNER OF OEATN	28a. DATE OF INJURY	28b. TIME	OF 28c, IN	JURY AT			JURY OCCURE	0		
	1 Natural 5 Pending	(Month, Day, Year)	INJU	4.4	ORK? YES 2 NO						- 1
P.	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	— At home, larm, str	reet, lactory, offi	ca	281. LOC	CATION (Street a	nd Number or R	ural Rout	e Number,	\dashv
<u> </u>	4 Homicide determined	building, etc. (Spec	ory)			City	or Town, State)				- 1
۱ ۲	29a. CERTIFIER 1 CERTIFYING PHYSIC	AN: To the best of my knowl	ledge death occurred	of the time dat		la lba as					
COMPLEIED		On the basis of examination							une(s) er	of menner es etete	.
	29b. SIGNATURE AND TITLE OF CERTIFIER	7		, , , , , , , , , , , , , , , , , , , ,							
<u>ا</u> ۾	A (C)	·m			29c. LICENSE NUI	-		29d. DATE SIG	NED (Mo	onth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OE	ATN (ITEM 27) (Type F	Print)	1 230			1/2	7/9	15	\rightarrow
	UMMS Ne				, UNIV.	OF MI). HOSE	. RAI	TO	MD	
	31. DATE FILEO (Month, Day, Year)	31 REGISTHAR'S CAN		,	,			-, DAL		, 110	\dashv
	JAN 0 6 1995 Jul	M WILLIAM	44								



MARYLAND 21215-0020	
BALTIMORE, N	
BOX 68760.	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

THE FIGURE OF A PLEADING THE DESIGNATION OF THE DESIGNATION OF THE PROPERTY OF	rial-tran	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	CLO	afte s	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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CERTIFICATION

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PHYSICIAN:

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Ayman Akkad, M.D.

06 1995

31. DATE FILED (Month, Day, Year)

permit. Pages 1, 2, 3 should

DIRECTOR

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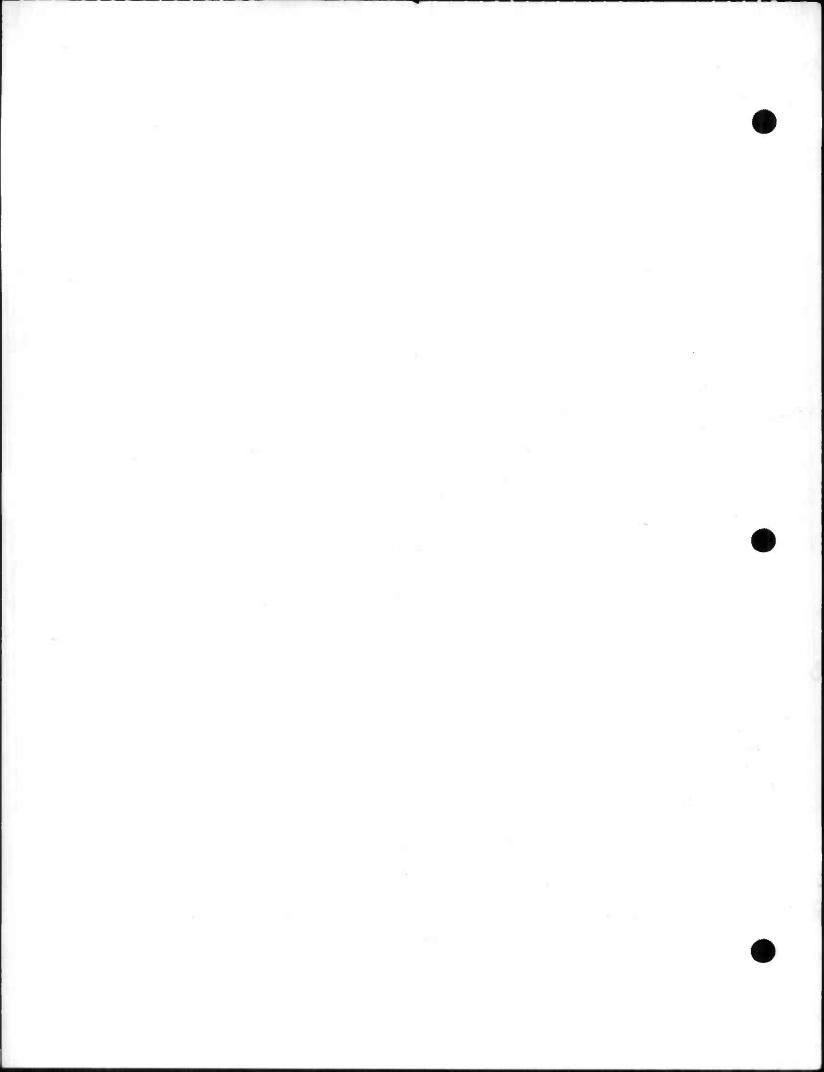
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH LAVINA BURR CASSELL 1995 January 4 11:30 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 218-36-7168 YRS. 81 May 5, 1913 W. Va. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Manor Care Ruxton Towson Baltimore RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Towson 1 YES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10a CITIZEN OF WHAT COUNTRY? 302 E. Joppa Rd. 21286 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: 3 🔀 Widowed 4 🗌 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gi (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Home Maker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Edward Root Anne 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Kurt Cassell 6602 Sunset Dr. Svkesville Me 20a, METHOD OF DISPOSITION

1 Gurial 2 Coronation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata 4 Donation 5 Other (Specify) Hilltop Service Corp. 1/6/95 Towson, 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson. Md 23. PART i. Enter the diaesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, Approximate ahock, Dr heart failure. List Dniy one cause on each line. interval Between **IMMEDIATE CAUSE (Final** Onset and Death diseese or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one **EXAMINER** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 1 YES 2 NO Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL fligation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated 29b. SIGNATURE AND TITLE OF COMPANIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) OL 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

7600 Osler Dr. Towson, Md. 21204

2. REGISTRAN'S SIGNADIRE



FENDING PHYSICIAN: The law requires that the death certificate be executed within shours after death. Page 6 may be retained by the hospital or attending physician.	OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	er death wi	8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NITENDING PHYSIL	CTDR: After this co	after death with t	28 is marked,
SELEN OR I	NERAL WITE	MA ZZ NAMES	THE SE
至	ē	7	鬼

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEAL		ENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) WARREN	P	CULBI	ERTSON	2	DATE OF DEATH	995 YEAR	3. TIME OF DEATH 10:10 pm M
	4. SOCIAL SECURITY NUMBER 215-09-58282 9e. FACILITY NAME (If not institution, give a	1√2 M 2 □ F 78	YRS.	IF UNDER 1 YEAR IF UI ONTHS DAYS HOUSE Bb. CITY, TOWN OR LOC	ns Mint.	C. DATE OF BIRTH (Month, Day, Year) 5-20-1916	Cour	ryland
OR	Saint Joseph Medic				, Maryla			more
DIRECTOR	residence of decedent 10a. STATE 10b. COUNT Maryland Bal	v timore		TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			10f. ZIP (CODE		10g. CITIZEN OF	1 TYES 2 NO WHAT COUNTRY?
FUNERAL	2428 Chetwood	Circle	N U.S. ARMED		093	ORIGIN? (Specify Yes o	U.S.A	E — American Indian,
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1X YES	2 NO		Luban, Maxican, I	Puerto Rican, atc.)	Bis	ck, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	Ille. Do NOT use i	rk done during most of w retired.)	orking	16b. KIND OF BUSH		
MP	12. 17. FATHER'S NAME (First, Middle, Last)		Clothing	Salesman		Hutz.		
		Culbertson		16. 1	Rita	: (First, Middle, Melden St Klohe	umame)	
TO BE	19e. INFORMANT'S NAME (Type/Print) Mrs Kim Ford					ne Number City or Town, idale, Pa.		
	20e. METHOD OF DISPOSITION \$4. Buriel 2 Cremetton 3 Rem 4 Donation 8 Other (Specify)	coval from Stata	b. PLACEAND DATE OF metery, crematory or othe Lake View	DISPOSITION (Name of er place) Mem. Ceme	terv l-	DATE 20c LOCA	ation - city or a	own, State , Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	0	22. NAME AND ADI	DRESS OF FACIL	neral Home		
	IMMEDIATE CAUSE (Finei	List only one cause on o	esch line.		uying, such t	as caldied of respire	nory errous,	Approximate Interval Between Onset and Death
CERTIFICATION	it eny, leeding to immediate	DUE TO (OR AS OUE TO (OR AS OUE TO (OR AS		soular Diseas	•			
MEDICAL	Atrial Fibrilation Status Post small b		but not resulting in	the underlying ceu	se given in Pa	24s. WAS AN A PERFORM 1 TYES 2X	ED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	-HOSPITAL:		28. PLACE C	OF DEATH (Check	(only one)		
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending	Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)		Nursing Home 5	T 2	Other (Specify)	JURY OCCURED	
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJUR building, atc. (Spi	Y — At home, farm, strictly)	1 10		181. LOCATION (Street am City or Town, State)	d Number or Rure	Route Number,
COMPLE	one	ICIAN: To the best of my know						(a) and manner sa stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	uls Mi))	LICENSE NUMBI		29d. DATE SIGNE	D (Month, Day, Year)
	30. HAMAAND ADDRESS OF PERSON WI-				VSON,MA	ARYLAND 21	204	
	JAN 06 1995	32. REGISTRAR'S SIGN	NATURE Lall					H

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ALFONOIS ENDINOS DES SHIR ROMA DANGLAMS PROVOLA

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: Il Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		MARYLAN		MENT OF	HEALTH AND DEATH	MENTA	L HYGIEN	E			
1. DECEDENT'S NAME (First, Middle, L ARTHUR AM CKI	NLE YCOOPI	ER				2. DATE MONT JAN	OF DEATH		995 3	3:25	рм
4. SOCIAL SECURITY NUMBER 220-44-1712	5. SEX		rs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH th, Day, Year) .18,190		Country	ACE (State or Foreign	
90. FACILITY NAME (If not institution, g GREATER BALTIM				96. CITY, TOWN	OR LOCATION OF D		.10,150	9c. COUN	TY OF DEA	TN	
RESIDENCE OF DECEDENT 100. STATE 10b. CO	r			TOWN OR LOCA	TION			DAL		Od. INSIDE CITY	
MARYLAND 100. STREET AND NUMBER	BALTIMOR	<u>E</u>		TOWSON						LIMITS?	1
414 RAILROAD	AVENUE			10	22 2.	1286		UNI		STATES	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	PENT EVER IN U. 1 YES 2 E WAR OR DATE	NO	If yes, s	CENDENT OF NISPAI Decify Cuben, Mexica S 2 X NO Specifi	an, Puerto	N? (Specify Yea Rican, etc.)	or No-	14. RACE	American Indian, White, etc. BLACK	
15. DECEOENT'S (Specify only highest (Elementery/Secondary (0-12)	EDUCATION grade completed) College (1-4 or		e. DECEDENT'S t (Give kind of we life. Do NOT use	ork done during m	ON ost of working		SELF-EM		171		
10 TH 17. FATHER'S NAME (First, Middle, Last)		LABORE	R	18. MOTHER'S NA	ME (First		NI TO	RIAL	SERVICE	S
GEORGE HEN	RY COOPE	R			MAF	RY E	BLAKE				
190. INFORMANT'S NAME (Type/Print) GENEVIEVE	COOPER		196. MAILING A		and Number or Rural AD AVENUE		OWSON,			21286	
20e. METNOD OF DISPOSITION X Buriel 2 Cremetion 3 1 4 Donation 5 Other (Specify)	Removal from State		ACE AND DATE OF	F DISPOSITION (N		OAT	E 20c. LOC	CATION — C	MARY	, State	
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	1	ASANI	22. NAME A	ND ADDRESS OF FA	CILITY				LAND	
23. PART I. Enter the diseases,	or complications	lax	e death Do no	1	C. MARCH					AVENUE	
shock, or heart falls iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	a. / 2 y	hira to	ne.	fail.	/ E		or respir	otory arre	rat,	Approximate Interval Betw Onset and Dr	reen
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Cas of Division Co.	CUA	-) 4		İG						
PART ii. Other significant condi	tions contributing	to death but	not resulting in	the undarlyin	g causa given in	Part i.	24s. WAS AN / PERFORI	MED3	CO	ERE AUTOPSY FINDIP MILABLE PRIOR TO DMPLETION OF CAUS F DEATH?	5
DID TOBACCO USE CO						N□				- TES 22 NO	
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 VES 2 NO	HOSPITAL:	26.		OTHER:	ne 5 🗆 Residence	8 🗆 Othe	er (Specify)				
27. MANNER OF GEATH 1 Natural 5 Pending		OF INJURY , Day, Year)	286, TIME INJU	RY W	URY AT DRK? YES 2 NO	28d. DE	SCRIBE HOW IN	JURY OCC	URED		\exists
2 Accident Investigati 3 Suicide 8 Could not 4 Nomicide determine	be 28e. PLAC	E OF INJURY — , ag, etc. (Specify)	At home, ferm, st				CATION (Street ar or Town, State)	nd Number o	or Rural Rou	te Number,	
	NYSICIAN: To the best									nd manner es stated	d.
29b. SIGNATURE AND TITLE OF CERT	Stulte	m	2		29c. LICENSE NUI	MBER 9/0		29d. DATE	SIGNEO (M	Ogth, Day, Year)	
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED C	MP DEATH	(ITEM 27) (Type, 1 1447	You K	Rd	(halt	ma	e,	nn	
JAN V 6 19	95 32. 9091ST	RAP'S SIGNATU	Rayfall			`			-		

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O THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should mental within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MP <u>DRI</u> SANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL	THE FUNERAL	IPOBTANT: II
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		OEIIII I	ATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Don't F. C.	· 1200ma			MONTH DA		- 00
	HOLI	AMPAGLI			JANUARY	2 1995	3:30 1:11
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	S. BIR	THPLACE (State or Foreign
	DIL DE MEDA	MAN 2 F TT	7 YRS.	ONTHS DAYS HOURS MIN.	(Month, Day, Year)		intry)
	9P / 0 10/2				JAN. 18 1º		IRYLAND
	9s. FACILITY NAME (If not institution, give str	eet and number)	9	b. CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH
DIRECTOR	705 Wmasyns	2/20:7		B51 A. B		HARF	E-00
1 6	RESIDENCE OF DECEDENT	1-11/1-1-1-2		Darl III		- ALHIV	-015D
	10a. STATE 10b. COUNTY		10c. CITY.	TOWN OR LOCATION			10d. INSIDE CITY
2	Maril a Han	- 00	,	2 1 02 6			LIMITS?
	1 JARYLAND HAR	(FORU	1	SIL HIR			1 YES 2 NO
ᅵᇦ	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	F WHAT COUNTRY?
2	11200011 =0A	-100.000		2.15	1\ .		^
1 5	102 MODDEYD	5 1-1KC15		016	14	0.3	514.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN U.S. ARMED	13. WAS DECENDENT OF HISPA		or No- 14. RA	CE — American Indian,
	1 Never Married 2 Married	IF YES, GIVE WAR OR E		If yes, specify Cuban, Mexic 1 YES 2 NO Speci			ack, White, etc.
B	3 Widowed 4 Divorced	TLU).W		TES 2 NO Speci	ry.	Sp	ecity:
0	45 DECEDENTE EDILO		T				14115
1 2	15. DECEDENT'S EDUC. (Specify only highest grade of	completed)	16a. DECEDENT'S US (Give kind of wor	k done during most of working	16b, KIND OF BUS	INESS/INDUSTRY	
iu	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	etired.)	0		
교	8782		7 7122.	920010- Sm	PAUL'S	barage	
ONCE.	17. FATHER'S NAME (First, Middle, Last)		~~~	" AMIKI			
<u>≅</u> 8	The Court of the C			18. MOTHER'S N	AME (First, Middle, Maiden	Sumame)	
ᄪ	LYSSOL !	AMPA(1)	10	I PHILL	Animo	FRAT	A
B 0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DRESS (Street and Number or Rural	Route Number City or Your	State Zin Codel	21014
	1500 P C- 00	Day 1-	12201		- 1	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1
0	25411 11 - FIHII	アコクトラ	1.002	1 SOKZOOOU	RCLS 1351	HIRI	1ARYLANO
2	20a. METHOD OF DISPOSITION		b. PLACE AND DATE OF			CATION — City or	Town, State
힅	4 Donation 5 Other (Specify)	val from State	metery, crematory or other		S FA	115	Maguera
5	21. SIGNATURE OF FUNERAL SERVICE LICE	weer //	ICHV ISW	EMORIAL		172100	1 JARYLAND
١	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE		22. NAME AND ADDRESS OF FA	CILITY CLICOCI	- au A	18 P.A.
5	1	У		SNAUD FOUNTS	OF CHHILD	, au	E 11 ma 21050
8	As VI	ano h		3 Muchall	DRIVE F	DRENT	I'M WOSINGO
2	23. PART I. Enter the diseases, Dr co	omplications that cause	d the death. Do not	enter the mode of dying, aud	ch as cardiac or respi	ratory arrest.	Approximate
2	ahock, or heart failure. L	lst only one cause on e	each iine.				Interval Between
-	IMMEDIATE CAUSE (Final						
9							Onset and Death
후	disease or condition	Alexan area	and AR	the www	test 1	13m. 4m	Onset and Death
ent, the		Oderwaren	A CONSEQUENCE OF:	ostale with m	dostoris to	13me 4m	Onset and Death
event, the	disease or condition	Odenicarcin DUE TO (OR AS	A CONSEQUENCE OF):	ostale with m	tostonis to	13me +m	Onset and Death
atic event, the	disease or condition resulting in death)		0	ostale with m	ilostonis to	13me 7m	Onset and Death
umatic event, the TION	disease or condition		A CONSEQUENCE OF):	ostale with m	italing to	13me 4M	Onset and Death
traumatic event, the	disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING		0	ostale with m	italonis to	13me 4M	Onset and Death
rer traumatic event, the	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF):	ostale with m	dostoris to	13 me 4M	Onset and Death
other traumatic event, the TIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	0	ostale with m	dodon's to	13 me 4M	Onset and Death
or other traumatic event, the ERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF):	ostale with m	dodon's to	13me 7m	Onset and Death
ury, or other traumatic event, the CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):			13me 7m	Onset and Death
Injury, or other traumatic event, the AL CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF):		Part i. 24s, WAS AN	AUTOPSY 2.	4b. WERE AUTOPSY FINDINGS
ny injury, or other traumatic event, the CAL CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):		Part I. 24s. WAS AN PERFOR	AUTOPSY 2-	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):		Part i. 24s, WAS AN	AUTOPSY 2-	4b. WERE AUTOPSY FINDINGS
any injury, or other	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):		Part I. 24s. WAS AN PERFOR	AUTOPSY 2-	4b. WERE AUTOPSY FINDINGS AMAIL ABLE PRIOR TO COMPLETION OF CAUSE
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3 shows N: MEC	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART ii. Other significant conditions DID TOBACCO USE CONTR	DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	the underlying cause given in	Part i. 24a, WAS AN PERFOR 1 YES 2	AUTOPSY 2-	4b. WERE AUTOPSY FINDINGS AMAIL ABLE PRION TO COMPLETION OF CAUSE OF DEATH?
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23 shows AN: MEC	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO CONTRIBUTE TO CAUSE C	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in OF DEATH YES 28. PLACE OF DEATH	the underlying cause given in NO UNCERTAL (Check only one)	Part i. 24a, WAS AN PERFOR 1 YES 2	AUTOPSY 2-	4b. WERE AUTOPSY FINDINGS AMAIL ABLE PRION TO COMPLETION OF CAUSE OF DEATH?
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.

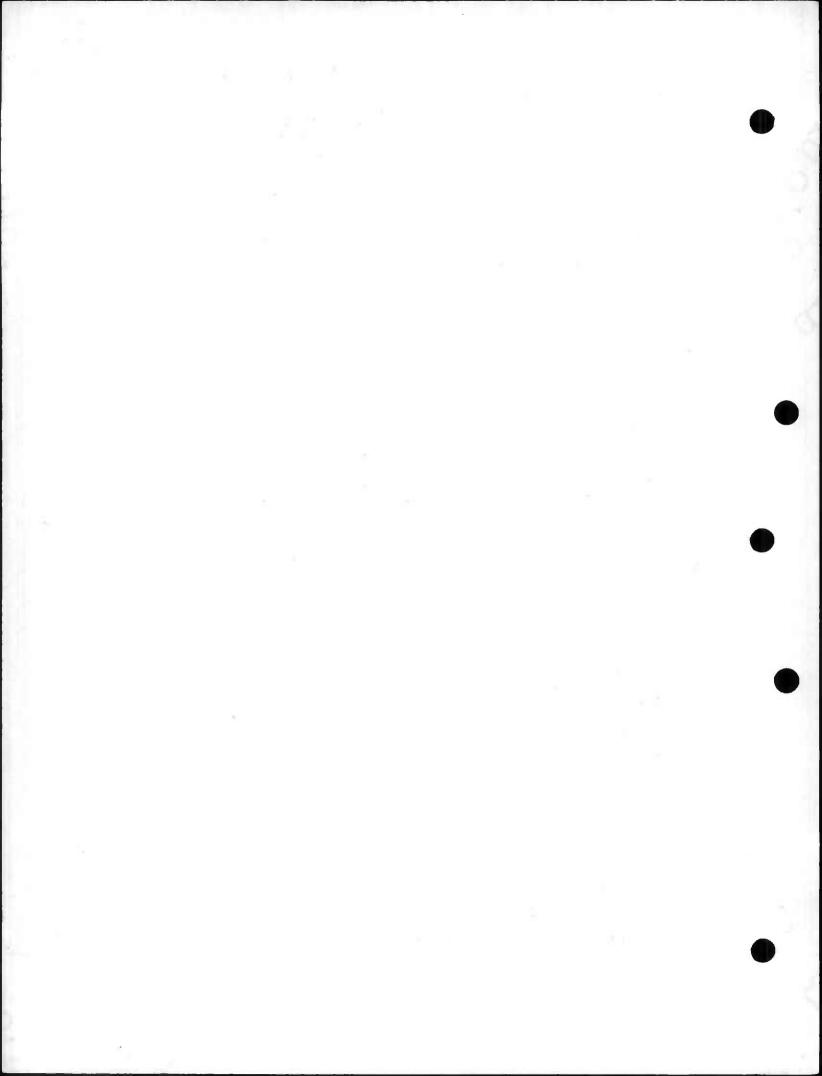
TO THE HUNERAL DIRECTOR Amen the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be mind without the count with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: ILLER TO THE COUNTY OF THE COUNTY OF THE TRANSIT OF THE

31. DATE FILED (Month, Day, Ybar)

JAN 0 6 1995

	1 - FOR STATE REGISTRAR		TMENT OF HEALTH AND I	MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH
	CALEB		RAIG CD	MONTH D	AY LI YE	AR -7-
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	VANUATZY	- 1,	5 0 700
	213-07-8994 1×1	2 □ F 87 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1907	BIRTHPLACE (State or Foreign Country)
RO.	98. FACILITY NAME (If not institution, give street and not	umber)	96. CITY, TOWN OR LOCATION OF DE		9c. COUNTY	OF DEATH
5	RESIDENCE OF DECEDENT	77 +00 -00 -01	1 001000013100	VI		
DIRECTOR	toa. STATE 106. COUNTY	10c. CIT	y, town or Location			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	400 2 Bed for	1 Rd	10f. ZIP CODE 2/20		10g. CITIZEN	OF WHAT COUNTRY?
Z	100	DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN		9	RACE — American Indian,
	t Never Married 2 Merried FORG	CES? 1 YES 2 NO	If yes, specify Cuban, Mexica	n, Puarto Rican, etc.)	14.	Black, White, etc.
D BY	3 N Widowed 4 Divorced	S, GIVE WAR OR DATES	t VES 2 NO Specify			Specify: Black
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	USUAL OCCUPATION work done during most of working	16b. KIND OF BU	SINESS/INDUST	RY
COMPLETED	Elementary/Secondary (0-12) College	(1-4 or 5+) Iffe. Do NOT us	OOPER	Beth	lehem	Steel
0	17. FATHER'S NAME (First, Middle Leat)		18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
BE C	John Craig		ROKIE	D'xor)	
2	190. INFORMANT'S NAME (Type/Print)	Jr 196. MAILING	ADDRESS (Street and Number or Rural F	Noute Number, City or Tow	n, State, Zip Coo	(to red 2/2/8
	20e_METHOD OF DISPOSITION t M Burtel 2 Cremetton 3 Removal from 4 Donetton 5 Other (Specify)	State 20b, PLACE AND DATE combilery, cromatory or o	pe place)	DATE 20c. LO	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	SILITY.	0001	awn, My
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\vdash	700000000000000000000000000000000000000	101040	4200	waran	- MVE	Da 110 Mg
	I 23. PART I. Enter the diseases, or complice:	lions that caused the death. Do	of enter the mode of duing and	an appellan as man		1 2
	23. PART i. Enter the diseases, or compileet ahock, or heart failure. List only	lions that caused the deeth. Do not cause on each line.	not enter the mode of dying, such	n as cardled or reap	iratory arrest,	intarvai Betwean
	anock, or neart tailure. List only	ona cause on each line.		n as cardled or reap	ratory arrest,	
	anock, or neart tailure. List only	ENDSTAGE	COPD	h as cardlec or reap	iratory arrest,	intarvai Betwean
	anock, or neart tailure. List only	Ilons that caused the deeth. Do none cause on each line. NDSTAGE DUE TO (OR AS A CONSEQUENCE O	COPD	n as cardlec or reap	Iratory arrest,	intarvai Betwean
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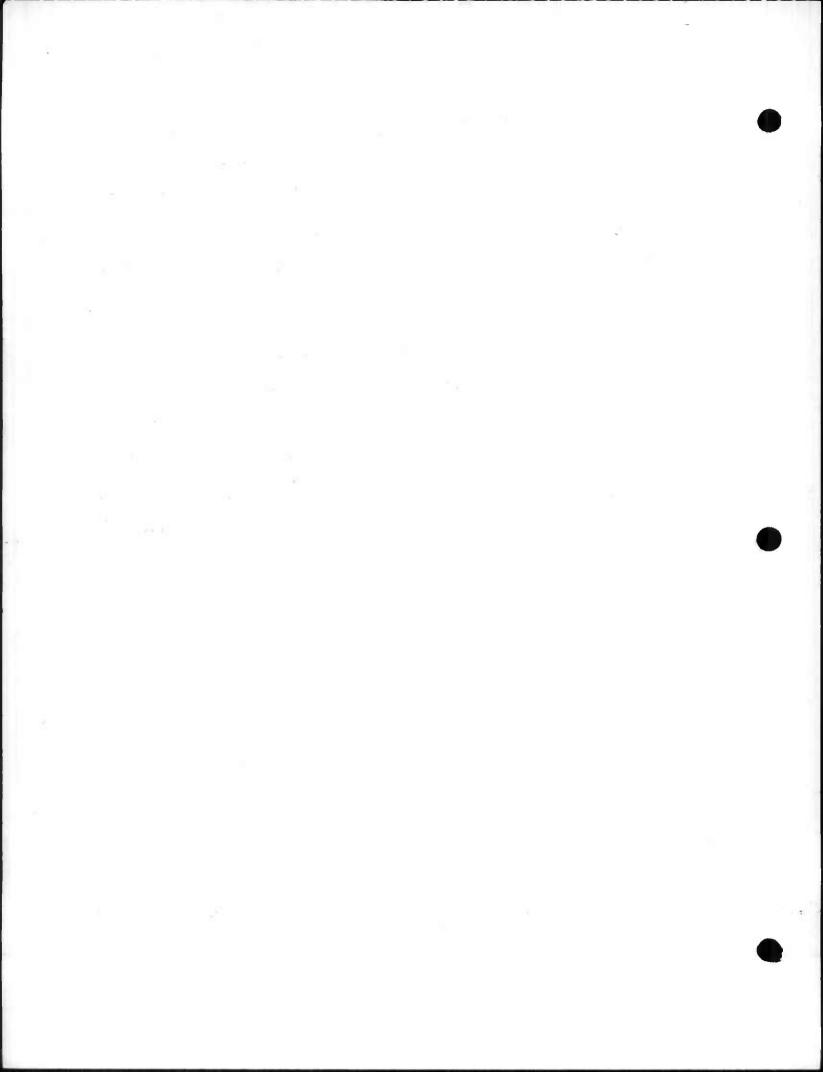
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF CEATH YEAR Mildred Catherine Crutchman 1995 January 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) a. BIRTHPLACE (State or Foreign 215 24 0618 1 M 2 🔀 I 64 Jan. 19, 1930 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 309 Marie Avenue Glen Burnie Anne Arundel RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Anne Arundel Glen Burnie 1 - YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 309 Marie Avenue 21060 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 2 X NO 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerlo Rican, etc.) IF YES. GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) 8th Adminstrative Asst. Electric Company 17. FATHER'S NAME (First, Middle Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) George Davies Catherine Margaret Curry 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lynn Klender 309 Marie Avenue Glen Burnie, Maryland 21060 20a. METHOO OF DISPOSITION
1 ☐ Burlai 2 ☆ Cremation 3 ☐ Removal from Stata
4 ☐ Donation 5 ☐ Other (Specify) _____ 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Metro Crematory, Inc. 1/6 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 23. PART I. Enter the diseases, or complications that caused the deshock, or heart salure. List only one cause on each line. complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Interval Batween **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) cell smal unis DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? MAN ARI F PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 1 YES 2 NO NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 I DOA 4 Nursing Home 5 Rasidenca 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural м 1 YES 2 NO 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 🔲 Could not be 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination ind/oh investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mahitt. Day Year) D41816 95 6 DITTO OF PERSON WHO COMPLEYED CAUSE OF DEATH (ITEM 27) (Type) Print) 30. NAME AND

21401

MS



Item#16a Per F.H. Film# G-719 01/06/95 R.M.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

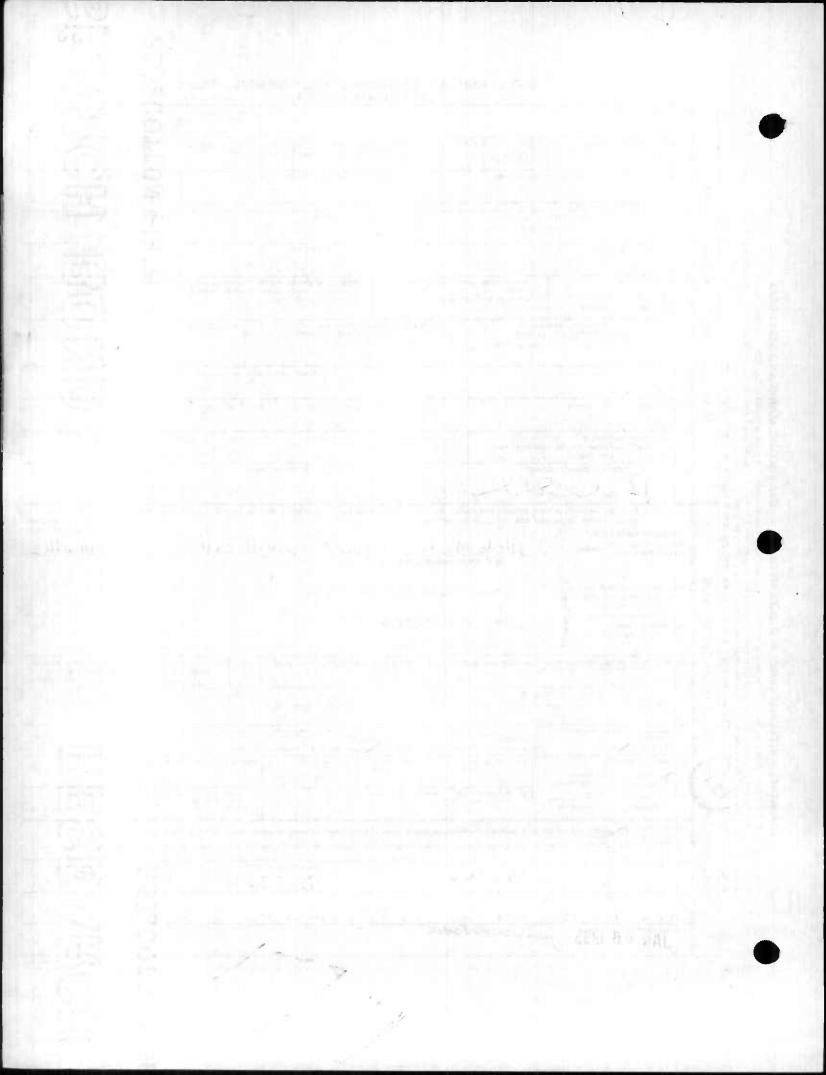
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

	1 - STATE REGISTRAR	OTHE OF I	CE	RTIF	ICATE OF		REG. N			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3.	TIME OF DEATH
	PRENTICE	Α		CR	ESS		JANUARY	4,199	YEAR	2:10 P *
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
	235-22-7066	1 🔀 M 2 🗌 F	69	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) April 29	1925	Country)	W. Va.
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF D		-	TY OF DEAT	
DIRECTOR	THE JOHNS HOPK	NS HOSPI	TAL		BALTIM	ORE CITY				
EC	10a. STATE 10b. COUNT	Y Y		10c. CIT	Y, TOWN OR LOCA	TION			10	d. INSIDE CITY
5	Md. Ba	altimore			Timoni	lum			1	LIMITS?
AL	10e. STREET AND NUMBER				10	. ZIP CODE		10g. CITIZ	EN OF WHA	AT COUNTRY?
FUNERAL	14 Pickett Rd.					21093		υ.	S.A.	
5	11. MARITAL STATUS		TEVER IN U.S. ARE				NIC ORIGIN? (Specify	fes or No-	14. RACE —	American Indian,
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	MAR OR DATES	0		2 X NO Specif	in, Puerto Rican, etc.) y:		Specify:	
		I WW-								White
COMPLETED	t5. DECEDENT'S ED	e completed)	(Gh		VSUAL OCCUPATE work done during mo		16b. KIND OF E	USINESS/INDU	STRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5	r) ===		TE	CH.				
MO	17. FATHER'S NAME (First, Middle, Last)		EL	ectr	onics Te		ME (First, Middle, Meid	Govern	ment	
Ŭ	Rav		Cmaga					,	D.	-155
0	19a. INFORMANT'S NAME (Type/Print)		Cress	MAILING	ADDRESS (Street 8	Blanche	Aoute Number, City or 1	own, State Zio (shoff
2	Mrs. Shirley L. (ress	14	Dio	katt pa	Timonia	ım. Md. 2	003	,	
	20a. METHOD OF DISPOSITION 1 [XBurlal 2] Cremation 3] Rer		20b. PLACE A	ND DATE	OF DISPOSITION (No			LOCATION — C	ity or Town.	, Stata
	4 Donation 5 Other (Specify)	TOVAL ITOM STATE	cemetery.crem Lake M		Gardens	1/7	7/95 Day	ridsonv	ville	. Md.
	21. SIGNATURE OF FUNERAL SERVICE L	CENSE	•			D ADDRESS OF FA	CILITY			
	Classet .	THE	-				neral Hor Towson, N			
- 17	23. PART I. Enter the disesses, or	complications the	t ceused the de	th. Do r	not enter the mo	de of dying, suc	h se cardiec or rea	piratory srre	st,	Approximate
	shock, or heart feilure. IMMEDIATE CAUSE (Final	List only one cau	ise on each line.							Interval Bstween Onset and Death
	disease or condition resulting in death)	. My OC	or dial		Interch	Da				1 5 4
		DUE TO	(OR AS A CONSEO	UENCE O	F):					01115
Z	Sequentially list conditions,	a Operat	we Re	pair	of 1	korace	and ald	ance.	N84	3/2 kg
CERTIFICATION	If any, leeding to immediate cause, Enter UNDERLYING	DUE TO	(OR AS A CONSEQ	UENCE O	F): '	/			/ 4	/
윤	CAUSE (Disesse or Injury that initieted events	c. / Cual	OR AS A CONSED	UENCE O	EMOSI'S	and t	upertens	1821		6 WKS
	resulting in death) LAST				,					i.
		a								1
PHYSICIAN: MEDICAL	PART II. Other significant condition	ns contributing to	death but not re	sulting	in the underlyin	g cause given in	Part I. 24s. WAS / PERF	N AUTOPSY ORMED?	AM	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
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AN	DID TOBACCO USE	CONTRIBUT	E IO CAU	SE O		YES N			\perp	
[일	EXAMINER?	HOSPITAL:	a.v. otov	_ 14.	OTHER:	ACE OF DEATH (Ch				
¥	27. MANNER OF DEATH	28a. DATE OF		28b. TIM			8 Other (Specify) 28d. DESCRIBE HOY	A IN ILIEN OCCI	IDED	
	1 Netural 5 Pending	(Month, D				RK?	ha !	·	MED	
BÝ	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE O	F INJURY — At hor	ne, term,	/V #754		281. LOCATION (Street		or Rural Rout	e Number,
Ħ	4 Homicide Operative	J. J. Hu	etc. (Spearly)	2	150 tal		Balbin in	Ma A	2129	877
٦	an organism b d					and place, and due	to the cause(a) and n			
COMPLETED	(Check only one) 2 MEDICAL EXAMIN									nd manner as stated.
	MATURE AND TITLE OF CERTIFIE					29c. LICENSE NUI				onth, Day, Year)
8E	Mulinia.		1,0			カルファ	4	► //L	1/9	onni, Day, reer)
٩	NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	SE OF DEATH (ITEM			VOITE	/	1 1/	1.113	
1	G.M. WILLIAMS					, MD 21	.287			
	31. DATE FILED (Month, Day, Year) JAN U6 19	95 32. REGISTRA	DE SIGNATURE	Cardal	4					

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STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENI
	CI	ERTIFICATE	OF	DEAT	H		REG.	NO.

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, L.		CERTIFIC	OATE OF	DEATH	7	REG. NO).		
	Howard Leroy D					Jai	of DEATH	1995 '	/EAR	3. TIME OF DEATH 4:12 A
	4. SOCIAL SECURITY NUMBER 579-26-6285		(In yrs. lest birthday) _	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	of BIRTH th, Day, Year) Ly 17,	8,	Country	PLACE (State or Foreign
стов	• FACILITY NAME (If not institution, g Mariner Health	,			or Location of Durel	EATH		9c. COUNTY Pri		George
DIRECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COI Maryland		10c. CITY,	, TOWN OR LOCA	urel				T	10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			10	or. ZIP CODE			10g. CITIZE	N OF W	1 YES 2 NO
FUNERAL	9274 Cherry La:	12. WAS DECEDENT EVER	IN U.S. ARMED		20708 CENDENT OF HISPA			a or No- 14		- American Indian,
BY	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	FORCES? TY YES	DATES		pecify Cuben, Maxic 8 2 NO Speci		Ricen, etc.)		Specify	White, stc. White
ETED.	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during m	ION ost of working	16	b. KIND OF BU	ISINESS/INDUS	TRY	
COMPLET	12	Ø	Med	chanic					1	Auto
-	17. FATHER'S NAME (First, Middle, Last,				18. MOTHER'S N			Surname)		
BE	Hugh E. Davis		19b. MAILINO /	ADDRESS (Street	and Number or Rural	_	znick	vn, State, Zio Co	ode)	
5	Stella M. Sher	man	6753 E	East Bo	ston Str	eet,	Mesa,	Arizo	na {	85205
	20e. METHOD OF DISPOSITION 1 Specific 2 Cremetion 3 1 4 Donation 6 Other (Specify)		b. PLACEAND DATE OF Metery, cremetory or other Lincol	Ln Ceme	tery	1/5	5 Br		d, 1	Maryland
1 Greater 2 Cremetton 3 Removel from State Commetter, crymetory or other place) 1/5							Flook	Funera	1 U.	T
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ERTIFICATION	ahock, or heart falls	a. Metast DUE TO (OR AS DUE TO (OR AS	aach line.	7601 ot anter the many cancer :	Sandy S	pring	g Road	, Laur	e1,	MD 20707 Approximata Interval Betwee Onset and Dast
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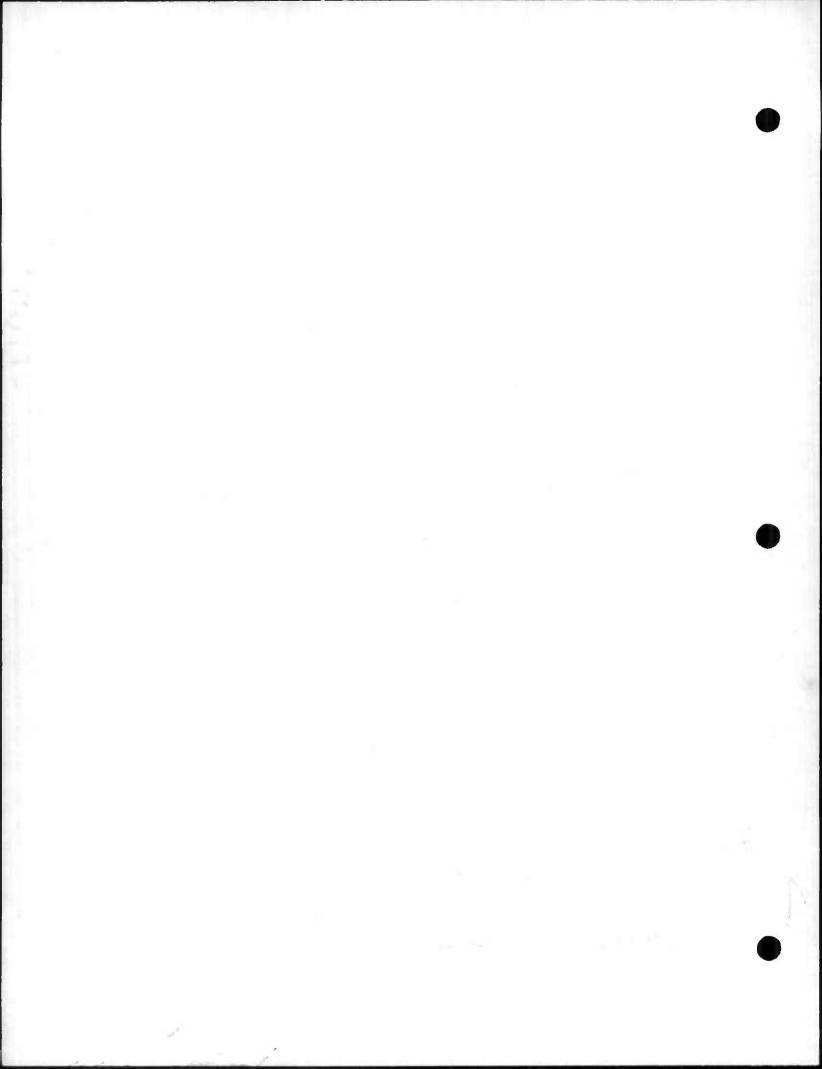


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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DE	EPARTMENT OF	HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Alice May Dent				Jan. 5,	1995 YEAR	6:03A M
	000 46 5004	5. SEX 6. AGE (In yrs. last birth	thday) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Duy, Way) Sept. 11,	R BIRT	HPLACE (State or Foreign Tryland
_	9e. FACILITY NAME (If not institution, give street			OR LOCATION OF D	EATH	9c, COUNTY OF	DEATH
DIRECTOR	Meridian Spa C: RESIDENCE OF DECEDENT 100. STATE 100. COUNTY			apolis		Anne A	
	MD Anne		Nest Rive				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 4901 Sudley Roa	d	10	20778		10g. CITIZEN OF USA	
3		2. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No 14. BAC	E — American Indian,
BY F	1 Never Married 2 Merried	FORCES? 1 YES 2 NO	If yes, s	S 2 NO Specific	in, Puerto Rican, atc.)	Blac	k, White, etc.
	3√ Widowed 4 □ Divorced			ж			White
ETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	mpleted) (Give kii	ENT'S USUAL OCCUPATI ind of work done during m		16b. KIND OF BUS	INESS/INDUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	al Clerk		Pos	t Offic	e
COMPL	17. FATHER'S NAME (First, Middle, Last)			I 18 MOTHER'S NA	ME (First, Middle, Meiden	Company	
_	Robert Franklin	Hartge		Maggi	e Phipps	ourname)	
) BE	19e. INFORMANT'S NAME (Type/Print)	19b. MA	AILING ADDRESS (Street	and Number or Rural	Route Number, City or Town	n, State, Zip Code)	
5	George P. Hartge	49	903 Sudle	y Road,	Route Number, City or Town West Ri	ver, MI	20778
	20a. METHOD OF DISPOSITION 1 → Burlal 2 □ Cremetion 3 □ Remova 4 □ Donation 8 □ Other (Specify)	20b. PLACE AND Cometery, cremetor	DATEOFDISPOSITION (A bry or other piece) Cemetel	ame of	1	esville	
	21. SIGNATURE OF FUNERAL SERVICE LICEN			ND ADDRESS OF FA	-	esville	e, MD
	> Thomas	Alaenda Sta	Hard	esty Fu	neral Hor		
	23. PART I. Enter the diseases, or con	nplications that coused the death.	Do not enter the me	Idge Ly	Ave. Anna	apolis,	MD 21401 Approximate
	ahock, or heart fellure. Lis IMMEDIATE CAUSE (Final	of only one cause on each line.	\sim				interval Between Onset and Death
	disease or condition resulting in death)	metastatic	· Cane	erol	Censix	_	10 M 05
		DUE TO (OR AS A CONSEQUEN	ICE OF):	()			
CERTIFICATION	Sequentially list conditions, b	DUE TO (OR AS A CONSEQUEN	ICE OF):				
S	If any, leading to immediate cause. Enter UNDERLYING						
E	that initiated events	DUE TO (OR AS A CONSEQUEN	ICE OF):				
H	resulting in death) LAST						
AL C	PART II. Other aignificent conditions of	ontributing to death but not recul-	iting in the underlyin	g ceuse given in	Part I. 24a. WAS AN		. WERE AUTOPSY FINDINGS
					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC							OF DEATH?
	DID TOBACCO USE CONTRIB	BUTE TO CAUSE OF DEATH	YES NO	UNCERTAIN	10		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF IOSPITAL:	OTHER:				
YS	1 TYES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ D	OA 4 Nursing Hon	e 5 🗆 Residence	8 Other (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending	28e, DATE OF INJURY (Month, Day, Year)	INJURY WO	URY AT	28d. DEŞCRIBE HOW IN	JURY OCCURED	
BY	2 Accident Investigation	28e. PLACE OF INJURY At home, for		YES 2 NO			
COMPLETED	4 Homicide 8 Could not be determined	building, etc. (Specify)	enn, street, tectory, one		28t. LOCATION (Street e. City or Town, State)	nd Number of Mural F	toute Number,
PLE	290. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge, death o	occurred at the time, date	end place, end due	to the ceuse(e) end man	ner as stated.	
OM	one) 2 MEDICAL EXAMINER: C	On the basis of examination and/or invest	tigation, in my opinion, o	eath occured at the	time, date and place, and	due to the cause(e) end menner se stated.
ш	200 SIGNATURE AND TITLE OF CERTIFIER	Λ.		29c. LICENSE NUN		29d. DATE SIGNED	
00	Teller F. V.	MGO COW h	10)	D116.	53	► 1-5	-95
5	30, NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITEM 27)	· ·	h 0	0	1.0	
	31. DATE FILED (Month, Day, Year)	TRKOUW 182	13 revent	Dr. Hr	napdis	MO, 2	1401
	JAN 06 1995 July	Davidson Randell					



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow of the thin certificate has been signed by the attending physician or of the Funesh director, page 5 should be detached for use as the bunal-transit be fled within 72 hours after death with the State Described the Mental Hydere prior to bunal, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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		Item#B Per F.I	STATE OF N	# G- Maryl	AND /	DEPAR	TMEN	r of h	TEALTH	AND	MENTA	L HYGIEN	E		,
_	_	REGISTRAR			CE	RTIF	ICATE	E OF	DEA	TH		REG. NO			
	- [1. DECEDENT'S NAME (First, Middle, Last)									2. DAT	E OF DEATH	44	YEAR	3. TIME OF DEATH
		HOWOND M	ENGE	-							1	TH D	i	95	04001m
- 1		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER	t YEAR	IF UNDER	R 24 HRS.		OF BIRTH		6. BIRTHP	PLACE (State or Foreign
		213-72-7641	1 M 2 🗆 F	32		YAS.	MONTHS	DAYS	HOURS	MIN,		th, Day, Year) 7, 19	62	Mary Mary	
	-	9a. FACILITY NAME (If not institution, give s	street and number)	J &	-		9b. CITY	, TOWN	OR LOCATI	ION OF DI		7, 13		TTAL Y	
9	5	University Hospi	1+01												
2020	3	RESIDENCE OF DECEDENT	LLai				Da	TLL	more	CIL	У		ват	timoj	re City
l u	u II	10a, STATE 10b, COUNT	Y			10c. CIT	Y, TOWN (OR LOCA	TION						10d. INSIDE CITY
2	5	Maryland Carr	coll Coun	tv		Wes	tmin	ste	r						LIMITS?
2	١	10e. STREET AND NUMBER							f. ZIP COD	E			10a, CITIZ		AT COUNTRY?
I V OU		5130 Band Hall H	1411 DA						2115	5.0			US		
I I		11, MARITAL STATUS	12. WAS DECEDEN	T EVER IA	IIIS ADA	IED	12	WAS DEC			WC OBIC	N? (Specify Yes	1		
	- 11	1 X Never Married 2 Married	FORCES7 1	X YES	2 N			If yes, sp	ecify Cube	n, Maxica	in, Puarto	Rican, etc.)	or No.	Black,	- American Indian, Whita, stc.
2		3 Widowed 4 Divorced	IF YES, GIVE W	AH OR DA	ATES			1 TYES	2 X NO	Specif	y :			Specify	White
6	9	15. DECEDENT'S EDU	CATION		18a. DEC	EDENT'S	USUAL O	CCUPATIO	ON		16	b. KIND OF BUS	SINESS/IND	LISTRY	
1 6		(Specify only highest grade	College (1-4 or 5 s	-	/G/v	ne kind of v	vork done	during mo	ost of working	ng			311120371112	551111	
		11th Grade	College (1-4 of 5 4	<u> </u>	Roo	fer						Constru	ictio	n	
once.	5	17. FATHER'S NAME (First, Middle, Last)			1100				I 10 MOT	HED'S NA		Middle, Maiden		11 ,	
5 5	· II	John L. Engel Jr.										AVIES			
ed a	2	19a. INFORMANT'S NAME (Type/Print)	·	-	105	11 411 1410	4000500	2 (0)				DEVIS			
TO BE	2	Mr. John L. Engel													01150
9		20a. METHOD OF DISPOSITION	<u> </u>							n Ka	_	estmins			21158
tsn		1 Burlel 2 X Cremation 3 Rem	oval from State		PLACE A				, Inc		DA		CATION (•	
E		4 Donation 5 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LIK		L	irrol	.1 (1					1-	Ham	ostea	d, MI)
examiner must	- 1	and the second s							NO ADDRE			ral Di	recto	re 1	Inc
		> John K	full !	1								Randal			
ica		23. PART I. Enter the diseases, or	complications that	ceueed	the dee	th. Do r	ot enter	the mo	de of dy	ing, suc	h sa cer	dlec or reapi	ratory arm	est.	Approximata
or other traumatic event, the medical		ehock, or heart fallure.	List only one ceu	se on ea	nch line.					Latin Sty					Interval Batwean
the state of		IMMEDIATE CAUSE (Finel disease or condition	Dengle	25 65	A.4		2		= 1			1-01.11			Onset and Death
E)	ł	resulting in death)	. Progre	(OR AS A	CONSEC	O HTZ	OCE	1 4	CONE	76W	gre	allas	-	m	4 montes
3	.	_	AID			SENOE O	,-							l .	i
# C		Sequentially list conditions,			CONSEC	HENCE OF	D.								
Taur AT		If any, leeding to immediate cause. Enter UNDERLYING		(011101	0011020	-LIVOL OI	,.		4.1						
FIG.	2	CAUSE (Disease or Injury	C. DUE TO	OR AS A	CONSEC	IENCE OF	٥.			4					
to E		that initiated events resulting in death) LAST	502.10	(011 110 11	DOMOLO	DENOE OF	,								
CERTIFICATION			d			-									
51	. 11	PART II. Other eignificent condition	s contributing to	deeth be	ut not re	eulting i	n the un	derlyln	g ceuse	given in	Part I.	24s. WAS AN		24b. V	WERE AUTOPSY FINDINGS
any inju												PERFOR			AVAILABLE PRIOR TO
WS CH											_	t 🗌 YES 2	KNO		OF DEATH?
23 shows		DID TOBACCO USE CONTI	DIDLITE TO CA	LICE O	E DEAT	u ve		10	/1111	COTA IA				1	YES 2 NO
23 A		25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CA		28. PLACE		S 🔲 1		S UNC	ERTAI	<u>ч Ц</u>				
SICIAN:		EXAMINER?	HOSPITAL:				OTHER								
5 7		1 YES 2 MO	1 Inputtlent 2		atient 3 (ne 5 🗆 Re	sidence					
ked, or		1 Natural 5 Pending	28a. DATE OF (Month, De		- 1	28b. TIMI	URY		PRK?		28d. DE	SCRIBE HOW II	NJURY OCC	URED	
marked BY PI		2 Accident Investigation					М		YES 2	NO			_		
. C		3 Suicide 8 Could not be	28a. PLACE Of building,	etc. (Speci	— At horr ify)	e, farm, a	treet, tect	ory, offic	•			Or Town, State)	nd Number	or Rural Roo	ute Number,
m 28 ETE		4 Homicide determined													
= 5		29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowle	edge, dea	th occurre	d at the ti	ime, data	and place	, and due	to the ca	use(a) and man	ner aa state	id,	
E O															and manner se stated.
NAT O	1	296. SIGNATURE AND TITLE OF CERTIFIER				_				ENSE NUM					
IMPORTANT: IF		Open (pmd)	N	8	ENA	FTGI							290. DATE	ISIGNED (A	Month, Day, Year)
<u>₹</u> ₽		30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALIS							232			- 1	1211	د

Bult. MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
22. South Corecte Street Built. M.

31. DATE FUE 1995

32. REGISTRAR'S SIGNATURE

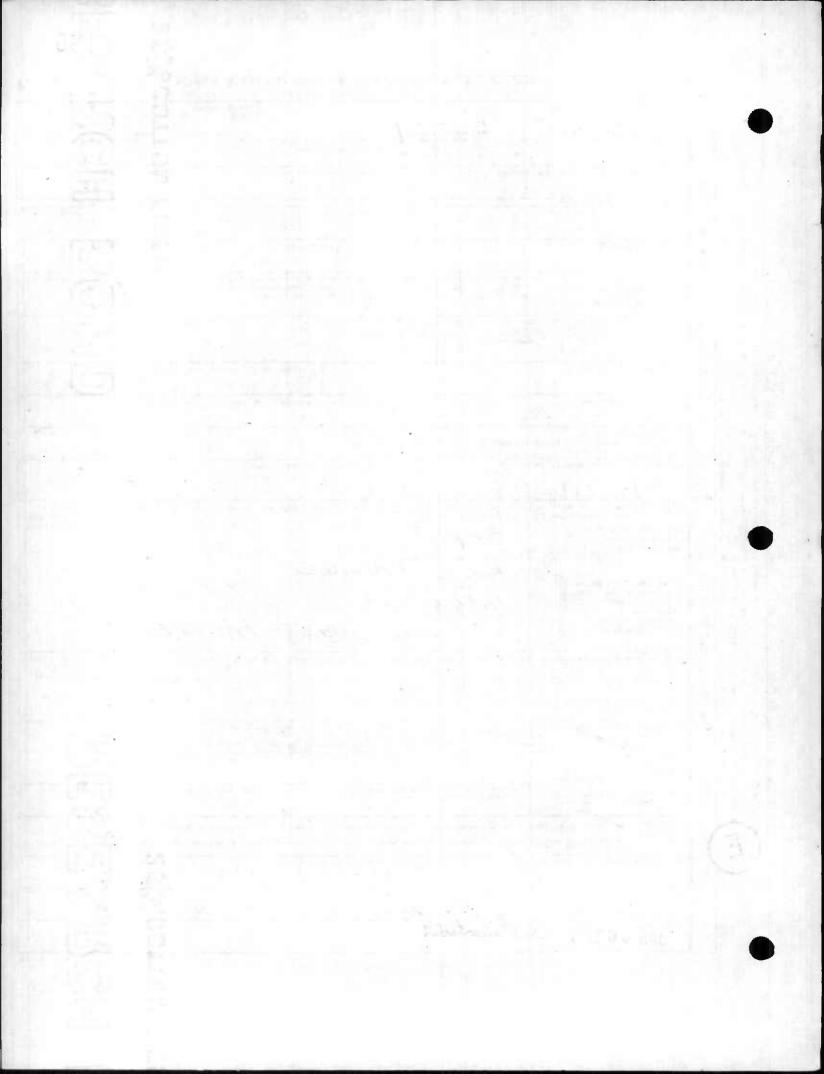
2/201

White was the same of the same

BALTIMORE, MARYLAND 21215-0020	death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.
BALTIMORE,	ours after death. Page 6 may be
3, P.O. BOX 68760,	h certificate be executed with
10	deat

DIVISION OF VITAL RECORDS, TO THE CORPORT OR ATTENDING PHYSICIAN: The law requires that the de

	1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE O MONTH			1		3. TIME OF DEA
	4. SOCIAL SECURITY NUMBER		S. SEX	6. AGE (In yr	s. last birthday)	IF UNDER 1 1		UNDER 24 HRS.		OF BIRTH , Day, Year)	,	8. BIRT	HPLACE (State or F
	194-12-66		1 M 2 D F	7	4 YRS.				June	18,19			PA.
-	9a. FACILITY NAME (If not ins							CATION OF D			9c. COU	NTY OF	DEATH
CIOH	Church		bicar	_			Balt	imore	Clt	У			
AL DIREC	10a. STATE	10b. COUNT	Υ		toc. CIT	Y, TOWN OR							10d. INSIDE CIT LIMITS?
	Md .					В	I 101. ZIP	more					1 YES 2
EHA	6115 Car	diff	Ave.					21224	l			USA	WHAT COUNTRY?
NO.	11. MARITAL STATUS		12. WAS DECEDEN				S DECENDE	ENT OF NISPA	NIC ORIGIN	? (Specify Yee		t4. RAC	E — American Ind
7	1 Never Married 2 1 1 3 1 Wildowed 4 Divor		FORCES?					Cuben, Mexic NO Speci		tican, etc.)			ck, White, atc.
5 l		EDENT'S EDU	ICATION	100	o. DECEDENT'S	LISUAL OCC	IDATION		100	VIND OF BUILD	1	2110777	White
<u> </u>	(Specify only Elementary/Secondary (0-	highest grade	completed) College (1-4 or 5			work done dun		working	100.	KIND OF BUS	SINESS/IND	DUSTRY	
	1.2 ± h	1.2)	college (1-4 of 5	"	Timek	eene	_						
COMPL	17. FATHER'S NAME (First, Mi	iddle, Last)						MOTHER'S N	AME (First, A	fiddle, Maiden .	Sumeme)		
BE			arley							t Lor			
2	19e. INFORMANT'S NAME (7)									er, City or Yowr			
	Carol Sue Weaver								PATE	altir			
	20s. METNOD OF DISPOSITION 1 String 2 Greenetton 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of camelery, crematory or other place) 1 Date 20c. Location — City or Town, State 20c. Date 20c. Location — City or Town, State 20c. Town, State 20c. Location — City or Town, State 20c. Location — City or Town, State												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	R. Tury Cornelly Connelly Funeral Home of Essex 300 Mace Ave. Baltimore Md. 2122												
	IMMEDIATE CAUSE (Fin disease or condition	eart fallure.	Cist only one car	use on each	fine.	not enter th	e mode o	of dying, aud	Ve.	Balt!	LINO F	rest,	Approximintarval E Onset an
IIFICATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injuit that initiated events.)	iona, dieta	a. Due to	O (OR AS A CO	INSEDUENCE COMPONIA	not enter the	whe	of dying, aud	ch aa cerd	lac or reapl	ratory arr	rest,	Approxim interval E
ICAL CERTIFICATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immediate, cause, Enter UNDERLYII CAUSE (Disease or Injure)	lona, dieta NG	a. Due to b. Due to c. Due to d. C.	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	INSEDUENCE COMPANY OF THE PROPERTY OF THE PROP	Pi: A	WLE	er dying, aud	FA.	ALULA 24a, WAS AN PERFOR	AUTOPSY IMED?	rest,	Approximintaryal E Onset an Onset an Onset an Autopsy in Available Price COMPLETION OF COMPLETION OF STATE OF THE AUTOPSY IN AVAILABLE PRICE OF THE AUTOPSY IN AVAILABLE O
MEDICAL CERTIFI	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injuit that initiated events resulting in death) LAST	lona, dieta NG	a. Due to b. Due to c. Due to d. C.	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	INSEDUENCE COMPANY OF THE PROPERTY OF THE PROP	Pi: A	WLE	er dying, aud	FA.	// // // // // // // 24a. WAS AN	AUTOPSY IMED?	rest,	Approximintarval E Onset an Onset an Onset Autopsylvia
MEDICAL CERTIFI	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or injuit that initiated events resulting in death) LAST PART II. Other significant cause.	lona, deta NG ry	DUE TO DUE TO DUE TO C. DUE TO C. DUE TO C. DUE TO DU	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	INSEDUENCE COMPANY OF THE PROPERTY OF THE PROP	P): A P): A In the under	when mode of	et dylng, aud	FA	24a. WAS AN PERFOR	AUTOPSY IMED?	rest,	Approximinterval E Onset an Onset an b. WERE AUTOPSY I AVAILABLE PRIOR COMPLETION OF OF DEATH?
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ED BY PHYSICIAN: MEDICAL CERTIFIC	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYII CAUSE (Disease or Injuithat initiated events resulting in death) LAST PART II. Other signification in the condition of the condition o	Iona, dieta NG rry T condition	DUE TO DU	O (OR AS A CO	INSEDUENCE CON DOWN NSEOUENCE CON DOWN NSEOUENCE CON TOWN NSEOUENCE CO	OTHER:	e mode of the mode	OF DEATN (C)	Pert I. 6 Other 28d. DES	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24	Approximinterval E Onset an Onset an b. WERE AUTOPSY I AVAILABLE PRIOR COMPLETION OF OF DEATH?
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COMPLETED BY PHYSICIAN: MEDICAL CERTIFIC	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuithat initiated events resulting in death) LAST PART II. Other signification in the condition of the	Int condition O MEDICAL Pending Investigation Could not be determined TEYING PNYS	DUE TO DU	O(OR AS A CO O(OR	Inserver of the second of the	OTHER: 4 Nursin ME OF 21 URY M street, factory	e mode of the mode	OF DEATN (CI	Pert I. 6 Other 28d. DEs e to the cause time, date	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24 CURED r or Rural ted.	Approximintaryal E Onset an On
D BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYII CAUSE (Disease or Injuithat initiated events resulting in death) LAST PART II. Other significant in the condition of the condit of the condition of the condition of the condition of the condi	Iona, detailed in the condition of Certifie	DUE TO DU	O (OR AS A CO O	INSEDUENCE CON DOWN NEOUENCE C	OTHER: 4 Nursing M 21 21 21 21 21 21 21	e mode of the mode	OF DEATN (C) Residence AT 2 NO	Pert I. 6 Other 28d. DEs e to the cause time, date	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24 CURED r or Rural ted.	b. WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2



BALTIMORE, MARYLAND 21215-0020

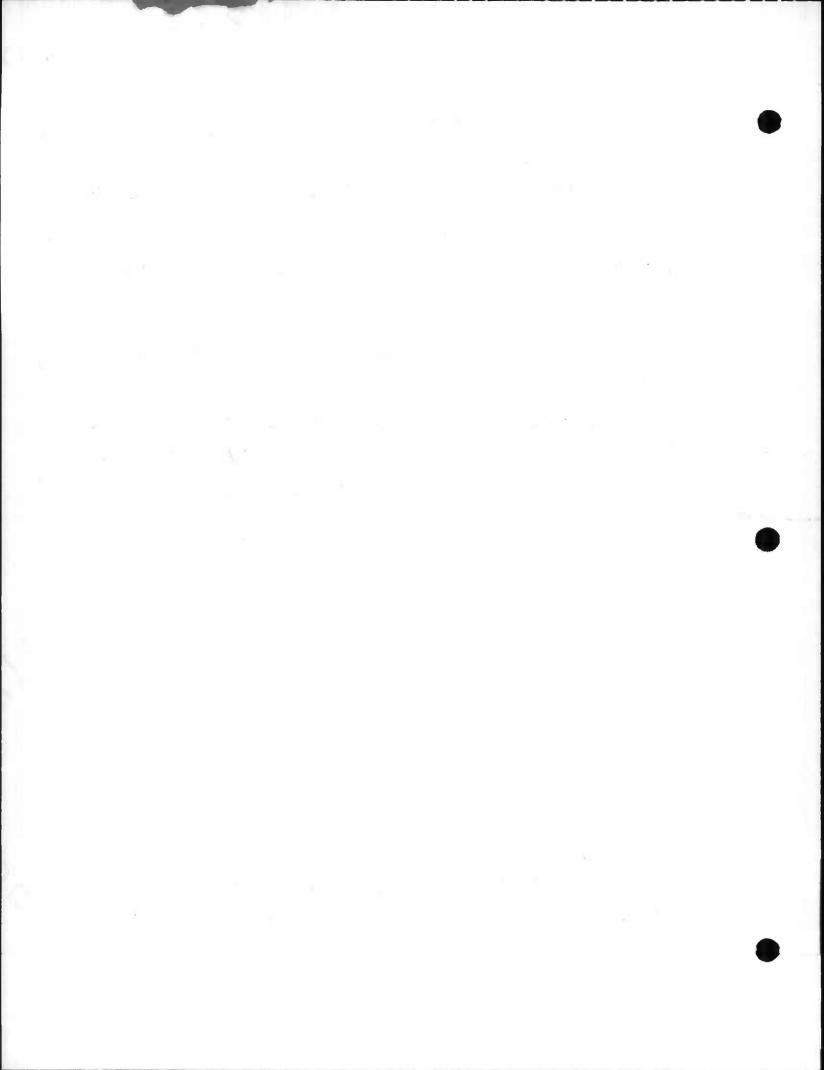
DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF HEALTH A		AL HYGIENE REG. NO.				
-	1. DECEDENT'S NAME (First, Middle, Last)					E OF DEATN	YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	John Chris:			Ja	in. 4 1995	2:50 p.m.			
	215-01-5513	1 M 2 D F 88	(In yrs. last birthday) Ŷ YRS.	MONTHS DAYS HOURS	MIN, (Mor	E OF BIRTH oth, Day, Year)	8. BIRTHPLACE (State or Foreign Country)			
	9a. FACILITY NAME (If not institution, give si		,	9b. CITY, TOWN OR LOCATION		15. 1906	Maryland TY OF DEATH			
OR	Cherrywood Manor	Nursing Home	2	Reisterstown	1		Baltimore Co.			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	, TOWN OR LOCATION			10d. INSIDE CITY			
	MD	Baltimore Co.	. Rei	sterstown			LIMITS?			
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?			
NE	25 Benson Lane	12. WAS DECEDENT EVER II		21130			SA			
	1 Never Married 2 Married	FORCES? 1 YES	2 XNO	13. WAS DECENDENT OF If yes, specify Cuban, 1 YES 2XX NO			14. RACE — American Indian, Black, White, atc. Specify:			
р Ву	3 X Widowed 4 Divorced				ороспу.		white			
ETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION rork done during most of working a retired.)	16	b. KIND OF BUSINESS/INDL	ISTRY			
17	Elementary/Secondary (0-12)	College (1-4 or 5+)	Sailn	· ·		Ship indus	tru			
COMPL	17. FATNER'S NAME (First, Middle, Last)			16. MOTHE	R'S NAME (First,	Middle, Maiden Surname)				
R	John Eichler					etterly				
임	19a. INFORMANT'S NAME (Type/Print) Carol E. Parke	h		ADDRESS (Street and Number of						
	20a. METNOD OF DISPOSITION	20b	PLACE AND DATE	OCKEYSMILL RODER OF THE DISPOSITION (Name of	L. Kel					
	1X Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)		St. Thom	as Cemetery	1/7/	95 Owings 1	Mills. MD			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS	OF FACILITY		sterstown Rd.			
	JAJ D	21-		Eline Funer	al Hom	e Reistersto	own, MD 21136			
	23. PART I. Enter the pliseases, or can shock, or heart failure.	complications that caused List only one cause on e	the desth. Do nach line.	ot enter the mode of dying	, such as ca	rdiac or reapiratory arre	est, Approximate interval Between			
	IMMEDIATE CAUSE (Final disease or condition	/ /		(-1///	F	1	Onset and Death			
1 1	resulting in death)	B. DUE/TO (OR AS /	CONSEQUENCE OF	Marin	nu	ic .				
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CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	James						
ERT	resulting in death) LAST	d								
	PART II. Other algnificant condition	a contributing to death b	ut not reaulting i	n the underlying cause giv	en in Part i.	24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
ICA						PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC							OF DEATH?			
ÿ	DID TOBACCO USE CONTE	RIBUTE TO CAUSE O	F DEATH YE	S NO UNCE	RTAIN 🗆					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	OTHER:						
HYS	1 YES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 ER/Outp	atlant 3 DOA	4 Nursing Nome 5 Resid		er (Specify) SCRIBE HOW INJURY OCCI	(Jagu			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1 YES 2 1						
	3 Suicide 8 Could not be	28s. PLACE OF INJURY building, stc. (Spec	— At home, farm, s	treet, factory, office	28f. LO	CATION (Street and Number of Town, State)	or Rural Route Number,			
E I	4 Nomicide datarmined						== 1/1			
COMPLETED				d at the time, data and place, a			d. cause(a) and manner as stated.			
	296. SIGNATURE AND TITLE OF CERTIFIER		i and/or investigatio							
BE			Mo	299. LICEN	SE NUMBER	3 Date	SIGNED MONTH, Gay, War)			
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type,	Print)			1-11			
	toward 16	Tachen	M.D.	53/D Old	Ct.	KG 2113	53			
	JAN 06 1995	Les d'Eurolean Rais								



the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 3

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SION OF VITAL RECORDS, P.O. BOX 68760

	TO TIE ISSUE AND PROPERTY TO BE IN TO THE INTERPRETATION OF THE IN	Should		IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified
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95 00158 Item # 1 Film # G 719 1-6-94 N.A. Per funeral Home FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle Leat) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR Elliott 4. SOCIAL SECURITY NUMBER William Emil 01 95 8:22 pm 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS MIN. 01-08-1910 X X M 2 □ F 212-03-5672 84 MARYLAND 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH NORTH ARUNDEL HOSPITAL ASSOCIATION A.A. COUNTY GLEN BURNIE RECTO RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL GLEN BURNIE ā 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 427 PINE TERRACE ROAD 21061 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried Bγ Specify: WHITE 3 Wildowed 4 Divorced 9 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig Elementary/Secondary (0-12) NONE ELECTRICIAN B & O RAILROAD COMPI 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) ELLIOTT (UNKNOWN) (UNKNOWN) (UNKNOWN) 19e. INFORMANT'S NAME (Type/Print) 196. MALLING ADDRESS (Street and Number of Burel Book Aurober, City of Even Steller, BOR'NIE, MD. 21061 0 MR. LAWRENCE E. ELLIOTT 1/7/1995 20c. LOCATION — City or Town, State PARK BALTIMORE, MD 20a, METHOD OF DISPOSITION
1 A Burlel 2 Cremation 3 Removal from State
4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of MORELAND MEMORIAL BALTIMORE, MD. 21. SIGNATURE OF FUNERAL SERVICE LIGHNSES 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME SECOND AVENUE, S.W. GLEN BURNIE, MARYLAND 21061 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart feilure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final Onset and Death** disease or condition RUPTURINA resulting in death) MYDUTINIAL BUNTO MAINUUSULA DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION 5110 Lu Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO atlent 2 ER/Outpatient 3 DOA 4 - Nursing Nome 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED 1 Natural M 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, stc. (Specify) 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Nomicide determined

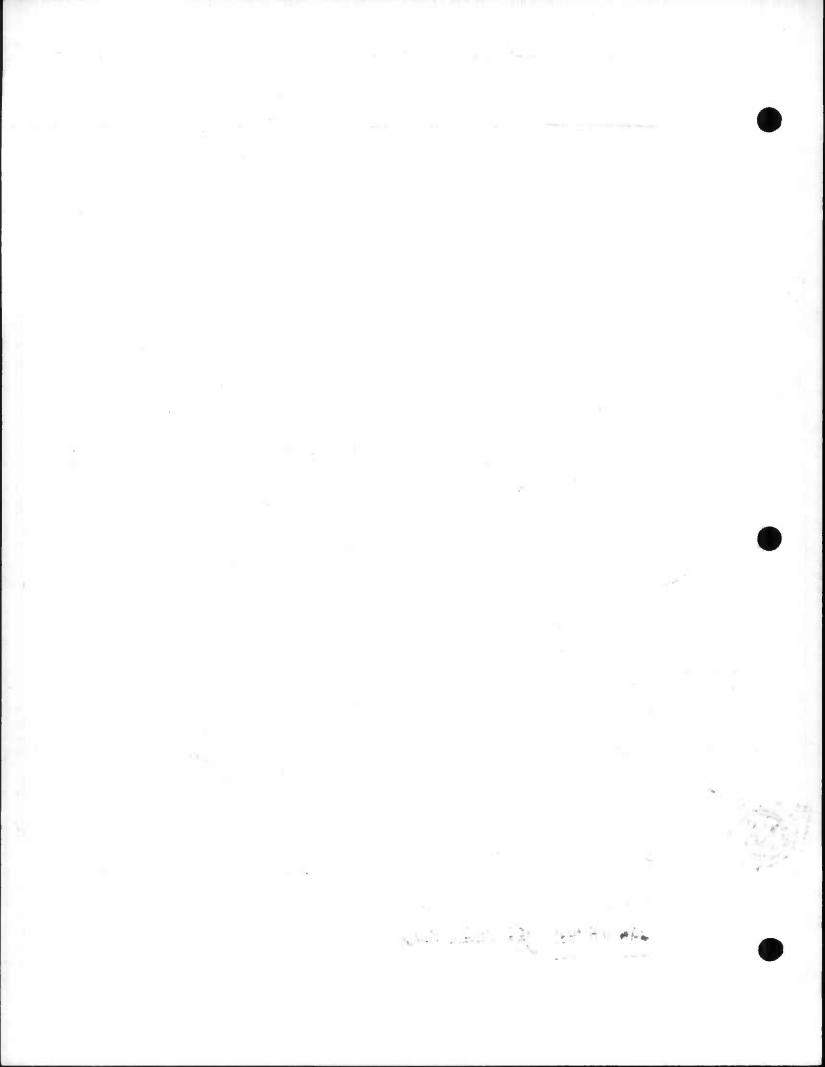
29e. CERTIFIER 1 DERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and piece, end due to the ceuse(a) end menner as stated.

295. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JOHN SHAVERS, M.D./518 S. CAMP MEADE ROAD LINTHICUM, MARYLAND 21090

37. REGISTRAR'S SIGNATURE 1995



3. TIME OF DEATH

YEAR

2. DATE OF DEATH DAY

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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VITAL RECORDS, I	•
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1995 Rov Everhart January 04 N 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1X M 2 | F 218-30-7498 59 04/ 21/ 1935 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Hopkins Bayview Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY LIMITS? Md. 1 YES 2 NO Baltimore, permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 5032 Erdman Ave. 21205 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced WHIT E COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade College (1-4 or 5+) Elementary/Secondary (0-12) 7 Carpenter Baltimore City once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 700 Lillian BE Henry Everhart Lashier notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dolores Everhart 5032 Erdman Ave. Baltimore, Md. 21205 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, Siete DATE must 2 Burial 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) Dulaney Valley Mem. Gardens 1-7 Baltimore County 21. SIGNATURE OF EMPERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY examiner athlosi David J. Weber Funeral Home 401 S. Chester Street Baltimore Md. 2123 and completely filled in by the burial, cremation, or removal. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiec or respiretory arrest, Approximate shock, or heart feilure. List only,one cause on each line. Interval Between **Onset and Death IMMEDIATE CAUSE (Final** YOCAPPIAL INFARCTION the TEVTE SUDDEN disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Iraumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): WR: After this certificate has been signed by the attending physician a after death with the State Dept. of Health and Mental Hygiene prior to If sny, leeding to immediate ceuse. Enter UNDERLYING other CAUSE (Disesse or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST 6 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MEDICAL MELLITUS MAILABLE PRIOR TO DIABETES 23 shows any COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) Hem EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 4 - Nursing Home 5 - Residence 8 Other (Specify) OR ATTENDING PHYSICIAN: YES 2 □ NO 27. MANNER OF DEATH 6 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, 3 Suicide 8 Could not be determined COMPLETED 4 Homicide Item 28 AL DIRECT 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 25b. SIGNATURE AND TITLE OF CERTIFIER 290 LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 6/93 299 0 CAUSE OF DEATH (ITEM 27) /% 31. DATE FILED (Month) ,32. REGISTRAR'S SIGNATURE **DHMH-18 Rev 1/89**

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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TO THE HUSPHIAL OR ALTER	THE -	IMPORTANT: If item 28 is mortand or item 22 shows one interest transmosts aware the mandlest aware the mandlest
2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the be filed within 72 hours after death with the State Dept, of Health and N	M

ITEMS: 1. & 10b, PER F.H. FILM G-719 1/6/95 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH 955 Am leorge sher GEORGE RANDALL FISHER A SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign PENTSYLVANIA 197-05-9389 SEFY 22,1918 DAYS 1 X M 2 - F 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DE GRACE DIRECTOR HARFORD Memorial Hospital HAVRE HARFORD RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY ATE HARFORD AIR Md 1 YES 2 NO 10a. STREET AND NUMBER FUNERAL 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? A 21014 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO Specify BY Specify: 3 Widowed 4 Divorced MWII WHITE ETED. 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) AUTO COMPL ASSEMBLER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) DAY WOOD FISHER C. TRIMBLE OLIVE BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 HILDA L. Fisher 204A TIMBER TRAIL BELAIR. 210W 20a, METHOD OF DISPOSITION
1 M Burlal 2 □ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of PATE 47/95 20c. LOCATION -- City or Town, State Gurdens AIR MEMORIAL 4 Donation 5 D Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
EVANS FUNERAL CHOPEL - BELAIR
3 NEWPORT DR. FOREST HILL, Md. 21050 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or haart failure. List only one cause on each line. Approximate intarvai Batween Onset and Death IMMEDIATE CAUSE (Finel disease or condition ____ DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions DUE TO (OR AS A CONSEQUENCE DE) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEDUENCE OF) thet initieted events resulting in death) LAST PARTY II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE throselin sus 1 YES 2 (NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🔼 NO 🗌 UNCERTAIN 🗆 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER:
4 Nursing Home 5 Rasidenca 8 Other (Specify) HOSPITAL: 1 YES 2 NO petiant 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY Investigation 28a. PLACE OF INJURY — At home, farm, streef, fectory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide determined 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 290 SIGNATURE AND TITLE OF CERTIFIER LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 品 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

JAN 06 1995

32. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

AN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	visician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 should	tion, or removal.	the medical examiner must be notified at once.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	the attending pl	We after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation	in in
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		ENT OF HEA		MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last) Charles Will	liam FRIT	T5, 9	ôR.		2. DATE OF DEATH MONTH	1995	3, TIME OF DEATH			
	215-10-8176	5. SEX 6. AGE (in yrs. les	YRS. MON	ITHS DAYS HO	UNDER 24 HRS.	7. DATE OF BIRTH (Morth, Day, Year) Dec 23.15		BIRTHPLACE (State or Foreign Country) VEST VICGINIA			
TOR	9a. FACILITY NAME (If not institution, give stre 2503 TAYLOR RESIDENCE OF DECEDENT		9b.	PARKY		АТН	BAI	OF DEATH TIMORE			
DIRECTOR		itimore		OWN OR LOCATION			-	10d. INSIDE CITY LIMITS? 1 YES 2 NO			
ERAL	100. STREET AND NUMBER 2503 TAYLOR	AVE		101. ZIF	1234			OF WHAT COUNTRY?			
BY FUNERAL		12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES		13. WAS DECEND If yes, specify	ENT OF HISPAN	IIC ORIGIN? (Specify Yea n, Puarto Rican, atc.)	or No- 14.	RACE — American Indian, Black, White, atc. Specify:			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	CEDENT'S USUI ive kind of work of Do NOT use reti		working	166, KIND OF BUS		ТРУ			
BE CON	17. FATHER'S NAME (First, Middle, Last) Charles E. FR	RITTS			MOTHER'S NA	ME (First, Middle, Maiden					
5	198. INFORMANT'S HAME (Type/Print) Goldie L. FRITTS 19b. MAILING ADDRESS (Street and Number or Aural Route Number, City or Town, State, Zip Code) 2503 TAYLOR AVE BALTIMORE Md 21234										
	20a, METHOD OF DISPOSITIOH 1 X Burial 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AHD DATE OF DISPOSITIOH (Name of cemetery, cremetory or other place) DRUID RIDGE CEMETERY 20c. LOCATION - City or Town, State V9 195 BALTIMORE, Md.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF						FACILITY LI OF Memories CORD Rd, Balto, Md. 21234				
	23. PART I. Enter the diseasea, or co shock, or heart failure. Li iMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one cause on each line	eath. Do not a	ardiae	of dying, auci	a cardiac or reapi	ratory arreat	Approximate interval Between Onset and Daath			
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MEDICAL C	7.	. 111-6	resulting in the	iting in the underlying cause given in Part i.			AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
AN: N	DID TOBACCO USE CONTRI				UNCERTAIN	450		1 TES 2 NO			
PHYSICIAN:		28. PLAC HOSPITAL; I									
	27. MAHHER OF DEATH DE Natural 5 Pending	28a. DATE OF IHJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. IHJURY WORK? M 1 YES	AT	28d. DEŞCRIBE HOW INJURY OCCURED					
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide dataminad	28a. PLACE OF INJURY — At ho building, stc. (Specify)	me, farm, street		28f. LOCATIOH (Street and Number or Rural Route Number, City or Yown, State)						
COMPLE		AN: To the best of my knowledge, de On the basis of examination and/or i						evse(s) and menner as stated.			
TO BB C	296. SIGNATURE AND TITLE DO CENTURES	lay, no		. 1141	D1658	7	29d. DATE SI	GNED (Month, Day, Year)			
۲	30. HAME AND ADDRESS OF PERSON WHO Paul Chang, ME	COMPLETED CAUSE OF DEATH (ITER	M 27) (Type, Print, Z-ava-	"Blud, S	te107,	Bathmin	, mo	2-12-39			
	JAN 06 1995 July	STATE CONTINUE CONTINUE									

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTRONONG PHYSICIAN: The law requires that the death certificate be executed with from the mode of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	be filed within 72 hours after death with the State Optr. of Health and Mental Hygiene prior to burial, cremation, or removal.	MADDOTABLE to transfer as them 29 about prince as other bearmed the model accompany and as accessing
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	Item#18 E	er F	.H. Fil	m# G-	/19 (11/0	6/9	o R.	1.1 •					00102	
	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAR	TMENT	OF H	DEAT	AND TH	MENTA	L HYGIEN REG. NO	E			
	1. DECEDENT'S NAME (First,	Middle, Last)	ГΛ						2. DATE OF DEATH DAY YEAR January 4, 1995			3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBE		FERTIT	6. AGE (In yrs.				1				, 19		7	
	219-10-4171	En	1 X M 2 F	6. AGE (In yrs. 8)		IF UNDER MONTHS	DAYS	HOURS	MIN.	(Mont	of Birth h, Day, Year) 14, 1	911	Count	HPLACE (State or Foreign Py) Colorado	
	9a. FACILITY NAME (If not ins	stitution, give si	treet end number)			9b. CITY,	TOWN C	R LOCATIO	ON OF DI	EATH		9c. COU	NTY OF D	PEATH	
DIRECTOR	9212 Turnbu			······		Ra	inda	11st	own			Ва	ltimo	ore County	
ĕ	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY	
	Maryland	Balti	imore Cou	inty	1	Randa	11s	town						LIMITS? 1 YES 2 NO	
A	10e. STREET AND NUMBER						101	ZIP CODE	E			10g. CIT	IZEN OF Y	WHAT COUNTRY?	
E	9212 Turnb	ull Rd	l.					211	33						
FUNERAL	11. MARITAL STATUS 1 Never Married 2 X	Married	12. WAS DECEDEN	T EVER IN U.S.				ENDENT O	F HISPAI		N? (Specify Yea	or No-	14. RACI Blac	E — American Indian, k, White, atc.	
ΒX	3 Widowed 4 Divor		IF YES, GIVE Y	MAR OR DATES				2 X NO					Spec	White	
입	15. DECE	DENT'S EDUC	CATION	16a.	DECEDENT'S	USUAL OC	CCUPATIO)N		168	. KIND OF BUS	INESS/IN	DUSTRY		
COMPLETED	Elementery/Secondary (0-	highest grade	College (1-4 or 5		(Give kind of life. Do NOT u	se retired.)		st of workin	g						
A I	6th				Mac	hini	st				rown Co		and S	Sea1	
	17. FATHER'S NAME (First, Min		a							INA Pina	Middle, Meiden Curre				
BE	19a. INFORMANT'S NAME (Ty				19b. MAILING	ADDRESS	(Street a				ber, City or Tow		p Code)		
임	Mrs. Marie	Fertit	ta		9212	Turn	bu1	I Rd.	R	anda	llstow	n. MI) 2	21133	
	20e. METHOD OF DISPOSITION		T. 8	20b. PLAC	EANDDATE	OF DISPOS	ITION /Na	me of		DAT				own, State	
	1 St Burlel 2 Cremation 4 Donation 5 Other		oval from State	Lake	View	ther place) Memor	rial	Par	k	1/7	Sv	kesv	ille	. Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
	Loring Byers Funeral Directors, I 8728 Liberty Rd. Randallstown, MD														
_	23. PART f. Enter tha dis		omplications the	d annual the	death De	[87	28 1	lber	ty	Kd.	kandal.	Lstov	vn, M		
- 1	ahock, or ha	art fallure.	List only one car	Jaa Dn each li	deam. Do i na,	not enter	tne mo	de of dyl	ng, auc	h aa car	diac or reapi	ratory ar	reat,	Approximata Interval Between	
- 1	IMMEDIATE CAUSE (Final disease or condition reaulting in death) a. Caschona of hung and Wickley T month														
	reaulting in death)	→	a. <u>C</u> C	rechon	a o	1	hu	19	arc	L	Woll	4		7 mond	
			DUE TO	(OR AS A CONS	SEQUENCE O	F):	C	1			6	ye			
NO N	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	If any, leading to immed cause. Enter UNDERLY!			,		,								İ	
ᆵ	CAUSE (Disease or Injur that initiated evanta	y 1	DUE TO	(OR AS A CONS	SEOUENCE O	F):									
E	resulting in death) LAST		4											1	
뜅															
4	PART II. Other algnificar	nt condition	s contributing to	death but no	t raaulting	in tha un	derlyln	cauaa g	lven in	Part I. 24s. WAS AN AUTOPSY PERFORMED?			24b	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
음										1 YES 2 NO			COMPLETION OF CAUSE OF DEATH?		
ME													ľ	1 - YES 2 - NO	
ż															
증	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE OF D	EATH (Ch	eck only o	ne)				
SI	1 TES 2 NO		1 Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHER		5 F Re	aldence	6 🗆 Othe	r (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	Control of	26a. DATE OF (Month, E	INJURY	28b. TIM	E OF	28c. INJ	URY AT		26d. DE	SCRIBE HOW I	VJURY OC	CURED		
BY		Pending nveatigation		_		М	1 🗆 1		NO						
- 1	3 Suicide 6 0	Could not be	28e. PLACE E building	F INJURY — At atc. (Specify)	home, term,	street, facto	ory, offic			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	4 Homicide d	letermined									, , , , , ,				
COMPLETED	29a. CERTIFIER (Check only	FYING PHYSI	CIAN: To the best of	my knowledge,	death occurr	ed at the ti	me, date	and place,	and due	to the ce	use(a) and man	ner ee sta	rted.	_	
N O	anal .													i) and manner as stated.	
	29b. SIGNATURE AND TITLE	OF CERTIFIER	1 1	1				29c. LICE	NSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Ybar)	
B	Robeit	+ 0	Du	u. Oli	111	MA		D	25	27	4	> /	1/4	1/95	
2	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CAU	SE OF DEATH (D	EM 27) (Type	Print)		D V, R			0.00		/	11-	
	ROBERT	c	AMMLO	wa	MO	5	16	v.R	OLL	NE	RD	CAI	YONI	VILLE, MO	
	31. DATE DONN, Day, Y			AR'S SIGNATURE										2, 24	
- 11	. 116	1995	1 :1/1	welson R	1 .4										

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

OR TATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAN	D / DEPAR	TMENT ()F H OF	EALTH AND DEATH	MENT	TAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) ALICE	3		GALL	JUP				TE OF OEATH	95	YEAR	3. TIME OF DEATH 6:29 pm	
		□ M 2 🔀 F	6. AGE (In yn	s. last birthday) YRS.		AYS	IF UNDER 24 HRS. HOURS MIN.	MA.	RCH 6,	1906	Countr		
TOR	Saint Joseph Medical						OR LOCATION OF D				altim		
DIRECTOR	MARYLAND BALTI	MORE		10c. CIT	Y, TOWN OR I		ION					10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	1421 providence ro						ZIP CODE				IZEN OF V	USA	
ВУ	11. MARITAL STATUS 1	P. WAS DECEDENT FORCES? 1 [IF YES, GIVE WI	YES 2	NO	It ye	18, spi	ENDENT OF HISPA Holfy Cuben, Mexic 2X NO Speci	an, Puerl	GIN? (Specify Yes to Rican, etc.)	or No-	14. RACE Black Speci	— American Indian, t, White, etc. fy: WHITE	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	ION npleted) College (1-4 or 5+)		Give kind of life. Do NOT us	work done duri			1	6b. KIND OF BUS	INESS/INC	DUSTRY	***************************************	
MP	4			PAYR	OLL CL	ERI				JFACI	rurin	IG	
	17. FATHER'S NAME (First, Middle, Last) ENSOR JOHN EN	SOR					16. MOTNER'S NA						
H	19a. INFORMANT'S NAME (Type/Print)	301			NWC		ELIZZ			AY		NIGHT	
2	BRUCE H. GALLUP, JR	•					NCE ROAD				,		
	20a. METNOD OF DIBPOSITION 1 X Burlet 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	I from State	cametery	CEAND DATE	OF DISPOSITIO	N (Na	me of	D	ATE 20c. LO	CATION —	City or To		
	FAIRVIEW METH. CEM. 1/9/95 JACKSONVILLE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOHN E. DOLAN RUCK AND TOWNSON, MD. 21204												
CERTIFICATION	23. PART/. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximate interval Between Onset and Death 24 hours Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
PHYSICIAN: MEDICAL CER	PERFORMED? 1 YES NO CO OF									WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MA	25. WAS CASE REFERRED TO MEDICAL			LACE OF DEAT			UNCERTAI	N					
is l	1 TES NO	OSPITAL:	ER/Outpatien	t 3 🗆 DOA	OTHER: 4 Nursing	Home	5 - Rasidence	6 🗆 Oti	her (Specify)				
BY PH	27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigation	26a. DATE OF II (Month, Day		28b. TIM	URY	WOF	JRY AT RK? ES 2 NO	28d. D	ESCRIBE HOW IN	JURY OCC	CURED		
	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) 28s. LOCATION (Street and Number or Rura City or Town, State)								or Rural A	oute Number,			
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PNYSICIAL (Check only one) 2 DMEDICAL EXAMINER: C											and manner as stated.	
TO BE C		m	_		29c. LICENSE NUI 19508	MBER		29d. DATE SIGNED (Mgrith, Day, Year) 1/4/95					
	NATIVIDAD D. DE LEC	OMPLETED CAUSE				OV.	VSON,MA	RYL	AND 2120)4			
	31. DATE FILIDANNIN, Day, Your 1995	37 REGISTRAR	'S'SIGNATUR	ardally			-						

director,

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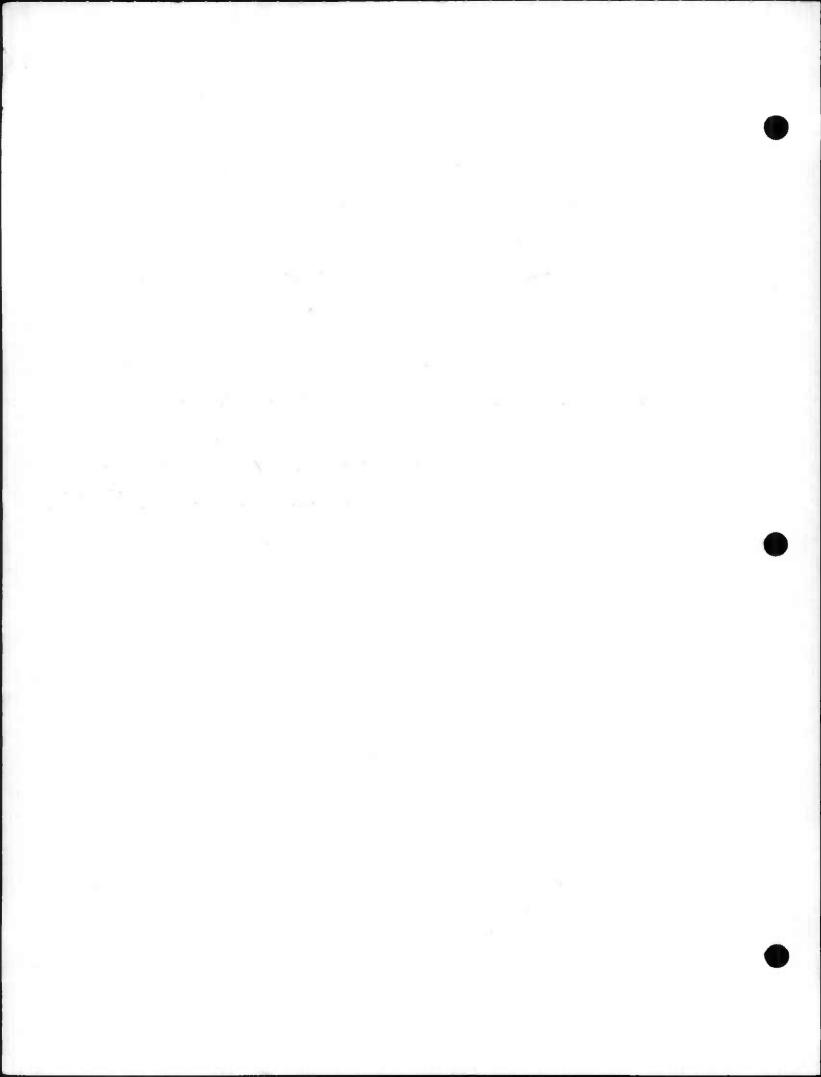
plage 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 has	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	I hours after death with the State Dept, of Health and Mental Hygiens prior to burial, cremation, or
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR MILDRED K. GOSCINSKI 01-05-95 6:15am 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER S. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 🗌 M 2 🔽 F YRS. 217-14-0448 Sept. 1,1907 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Pickersgill Towson Baltimore RESIDENCE OF DECEDEN 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Towson 1 TYES 2 X NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 615 Chestnut Ave. 21204 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YES IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) Clerk State of Maryland 12 vrs. notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Andrew Kraft Mamie Elizabeth Emerine 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Pickersgill Same as #10 2 20b. PLACEAND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must cemetery cremetory or other place)
Hilltop Service Corp. 1/6/95 Towson, Maryland 21204 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY 1050 Uork Road Ruck Towson Funeral Home, Inc. Towson, Md. 0 medical 23. PART I. Enter the diseases or complications that shock, or heart deliure. Last only one paul caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate Interval Between pause on each line. IMMEDIATE CAUSE (Final Onset and Death ě disease or condition_ erebro vosculor Accident resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): Hy pertension
DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST 5 PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS molti-intercT AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 THO OF DEATH? 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF DEATH (Check only one) Item OTHER: 1 - YES 2 - 110 1 | Inpetient 2 | ER/Outpetient 3 | DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 5 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 3 Sulcide 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 8 Could not be APLETED 4 Homicide determined 28 them 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the beet of my knowledge, dash occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and menner as stated. 296. SIGNATURE AND SYTLE OF 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER DO1/05 25205 95 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DZ. APGISTAABIS-SKHAFRALL



Item#1,4 Per F Film# G-719 01/06/95 R 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH DERECK GARDNER GERALD IAN 02 995 11.45 380GAL 218-76-677 217-76-7283 5. SEX 7. DATE OF BIRTH (Month, Day, Year June 18 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR DAYS 1 X M 2 🗆 F 964 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1800 BLK ENSOR ST. DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE TOWN OR LOCATION 10d. INSIDE CITY ma 1-10 1 YES 2 NO permit. 100. STREET AND NUMBER FUNERAL 21244 10g. CITIZEN OF WHAT COUNTRY? 320 the funeral director, page 5 should be detached for use as the burial-transit ve .5-1 tside Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuben, Mexican, Puerto Ricen, etc.)
 \(\sum \text{ YES 2 PNO Specify:} \) 14. RACE — Ame BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried FORCES? 1 YES IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Div COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTR (Specify only highest grade ntary/Secondery (0-12) College (1-4 or 5+) Dept Caterina universit 17 FATHER'S NAME (First, Middle, Last) Middle, Maiden Surneme radner Obert notified at ohnsm 8 19b. MAILING ADDRESS (Propost and Nu Balto, r 2 Ave side mal 21244 2 20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of dame of company of other place) at mal VATE 20c. LOCATION -☐ Cremetion 3 ☐ Re City or Town, Stee must PK. 705 6 Other (Specify) aure examiner OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March GH- West hours after death. 4 wabush Ave 300 medicai 23. PART Enter the disaeses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, the attending physician and completely filled in by Mental Hygiene prior to burial, cremation, or remo **Approximate** hock, or haert failure. Liet only one cause on each line. interval Between IMMEDIATE CAUSE (Final disease or condition Onset and Death the luch 00 Gun resulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disesse or injury OUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST 6 PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? n signed by the Health and Iv any 1 YES 2 NO OF DEATH? has been s Dept. of H YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO WUNCERTAIN I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate ha hours after death with the State D item HOSPITAL: OTHER: 1 X YES 2 1 NO 1 Inpatient 2 ER/Outpatient 3 DOA rising Home 5 - Residence 6 X Other (Specify) SCENE 9 27. MANNER OF GEATH 28e. DATE OF INJURY with t marked, 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED (Month, Day, Year) 1 Natural 95 2340M 1 YES Subject Shot 8 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street end City or Town, State) 80 3 Suicide COMPLETED 8 Could not be 4 Homicide 28 Bulpmare Street 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. HOSPITAL FUNERAL I = TO THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT: I MEDICAL EXAMINER: On the besis of exp afion end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end manner as stated. 29b. SIGNATURE AND THE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) **BE** O.C.M.E ▶ JAN 03,1995 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 Fow a 12. REGISTRAR'S SIGNATURE

removal.

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cremation,

burial-transit permit. Pages 1, 2, 3 should

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death certificate

requires that the

OR ATTENDING PHYSICIAN: The law

HOSPITAL

30. NAME AND ADDRESS OF PERSON

DIRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematis

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Item#9c,19a Per F.H. Film# G-718 01/06/95 R M FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATN 3. TIME OF DEATH irginia reorge 95 11:55 AM SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS BIRTHPLACE (State or Foreign Country) BHTHON DAYS HOURS MIN 1 M 2 X F 81 214-38-4160 VDC June 4, 1913 Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR .B CARROLL Carroll Lutheran Villiage Westminster RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carrol1 Westminster 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 205 St. Mark Way 21158 U.S.A. Apt. 301 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 A NO Specify: 1 Never Married 2 X Married BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. OECEOENT'S EDUCATION (Specify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Years Secretery Maryland National Bank notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Bessie Unknown Walter Buffington BE 19a, INFORMANT'S NAME (Type/Pri 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rettberg Mrs. Hee 2117 Carroll Dale Drive 21784 Sykesville, MD eq 209. METHOD OF DISPOSITION 13 Buriel 2 Cremation 20b. PLACE AND DATE OF DISPOSITION (Name of 20c, LOCATION - City or Town, State must n 3 - Removal from State orraine Park Cemetery 1/7/95 Woodlawn, Maryland 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 medicai 23. PART I, Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock or haart fallure. List only one cause on each lina. intarval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition MOC resulting in death) other traumatic event, OUE TO (OR AS A CONSEQUENCE OF): lona CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CO SEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 0 any injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 shows a 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Hem 26. PLACE OF DEATN (Check only one) **EXAMINER?** 1 YES 2 1 | Inpatient 2 | ER/Outpatient 3 | DOA 5 - Residence 8 - Other (Specify) 0 21 MANHER OF DEATH marked, 28a. DATE OF INJURY 286. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Natural Pending Investigation ВУ 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) S 3 Suicide 281. LOCATION (Street and Number or Flural Floute Number, City or Town, State) COMPLETED 8 Could not be 28 4 Nomicide Item 29a. CERTIFIER DERTIFYING PNYSICIAN: To the best of my knowledge, destp occurred at the time, data and place, and due to the cause(s) and menner as stated. TO THE FUNERAL DI be filed within 72 ho IMPORTANT: If Its 2 MEDICAL EXAMINER: On the beels ion, in my opinion, death occured at the time, data and placa, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIF 29d. DATE SIGNED (Month 86 2

OF DEATN (ITEM 27) (Type, Print)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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SOURCE CONTROLLED SERVICE AND CONTROLLED SERVICE SERVI		1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND NTE OF DEATH	MENTAL HYGIEN	_				
BRILLY THE PROPERTY OF CONTROL OF STREET AND			H	14_		2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH 4'33 A M			
STREET AND NAMEDRE 2 A 3 VICTORY ANE 2 10 14 11 MANTAL BATUR 11 MANTAL BATUR 12 MAN DECEDEATY SYRE IN U.S. ARMED 12 THE MANTAL BATUR 13 MANTAL BATUR 13 MANTAL BATUR 14 MANTAL BATUR 15 MANTAL BATUR 15 MANTAL BATUR 16 MANTAL BATUR 17 MANTAL BATUR 18 MANTAL BATUR 18 MANTAL BATUR 18 MANTAL BATUR 18 MANTAL BATUR 18 MANTAL BATUR 19 MANTAL BATUR 19 MANTAL BATUR 19 MANTAL BATUR 19 MANTAL BATUR 10 MANTAL BATUR 1		4. SOCIAL SECURITY NUMBER	1×1 ×2 □ F 8	6 YRS. MON	THS DAYS HOURS MIN.	Sept 9, 10	908 Pe	nnsylvania			
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The internal policy of the conditions of the con	LETED	(Specify only highest grade	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S USUI (Give kind of work of life. Do NOT use reti	fone during most of working red.)	-32.00	255000000000000000000000000000000000000	CHOOLS			
TOTO TO THE MAINTENANCE SPONSON TO THE STATE OF THE STATE		17. FATHER'S NAME (FIRST, Middle, Last) GIBERT HIL	-L	reach	18. MOTHER'S I	IAME (First, Middle, Maiden	Surnama				
Description Description						D 1		21014			
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, intervible diseases or condition resulting in death) 1. MARDIATE CAUSE (Final Present February) 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, interval Between the cause of the cau		1 Donation 5 Other (Specify)	wal from Stata	etery, cremetory or other o	- Cemetery	17/95 Ba					
Sequentially list conditions. If any, leading to immediate CAUSE (Fine see or included as a consequence of the pure of the post of the pos		Charles 7	Panar3.	•	EVANS Chape 3 NEWPORT	DR. BelA		H1421050			
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death all of the underlying cause given in Part II. PART II. Other algnificant conditions contributing to death all of the underlying cause given in Part II. PART II. Other algnificant conditions contributing to the underlying cause given in Part II. PART II. Other algnificant conditions and condi	ERTIFICATION	shock, or heart failure. L iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Due to joh as a	consequence of:	Tacky cardia ohic Car	Cardia Cardia Infar dio Urus	clar de	Approximate interval Between Onset and Daath Both Approximate interval Between Onset and Daath Both Approximate interval B			
1 Neutral 2 Accident Investigation 3 Suicide 4 Homicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office 28a. PLACE OF INJURY — At home, farm, street, factory, office 28a. PLACE OF INJURY — At home, farm, street, factory, office 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)	MEDICAL	typertensin, Diabetes Mellitus 1 yes 2 tho COMPLETION OF CAUSE OF DEATH? 1 yes 2 tho									
1 Neutral 2 Accident Investigation 3 Suicide 4 Homicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office 28a. PLACE OF INJURY — At home, farm, street, factory, office 28a. PLACE OF INJURY — At home, farm, street, factory, office 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)	SICIA	EXAMINER?	HOSPITAL:	ОТ	HER:	8 Other (Specify)					
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. 29b. SCHATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 31. DATE FILED (Month, Day, Year) 32. FELISTRAP'S SIGNATURE.	8	27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be 286. OATE OF INJURY 28b. TIME OF INJURY WORK? M 1 YES 2 NO 286. INJURY AT WORK? M 1 YES 2 NO 286. DESCRIBE HOW INJURY OCCUREO 1 NJURY AT WORK? M 1 YES 2 NO 286. DESCRIBE HOW INJURY OCCUREO									
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A PERMITTED INVESTIGATION AND ADMINISTRAL PROPERTY OF THE PROP		G.M.u	Jells 1	(,D, 1	n.P.H.		Janua	43/95			

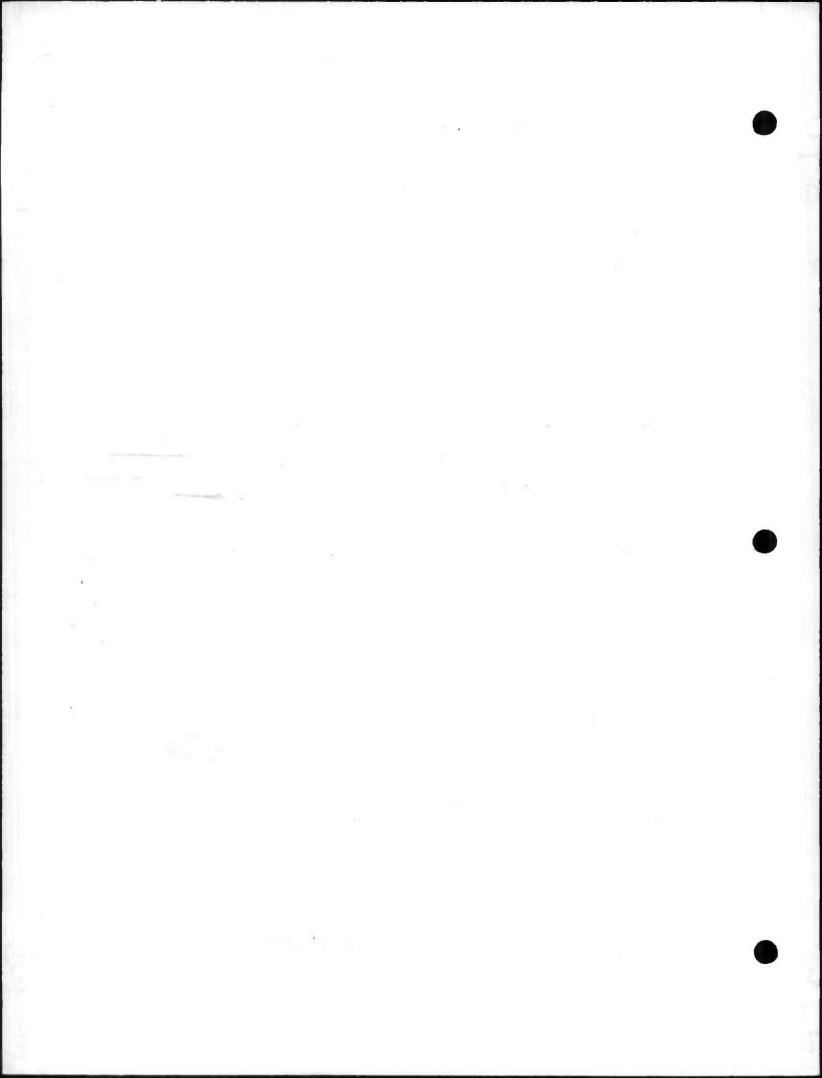
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		1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN						
		1. DECEDENT'S NAME (First, Middle, Last)	gles John	n Peter	Hughes		2. DATE OF DEATH MONTH DA		3. TIME OF DEATH				
2		4. SOCIAL SECURITY NUMBER 186-14-3487	5. SEX 6. AGE (In 78	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/07/19	8. BIR Cou	THPLACE (State or Foreign ntry) ennsylvania				
2, 3 should	OR	90. FACILITY NAME (If not institution, give street end number) Johns Hopkins Bayview Medical Ctr. 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore City 9c. COUNTY OF DEATH											
permit. Pages 1,	DIRECTOR	100. STATE 10b. COUNTY Maryland Bal	timore	10c. CITY	, TOWN OR LOCAT		Dundalk		10d. INSIDE CITY LIMITS? 1 YES 2 A NO				
. isi	FUNERAL	10e. STREET AND NUMBER 3301 COMWALL RO	ad		101	ZIP CODE 21 222	2		what country? d States				
215-0020 attending physician. se as the bunal-transit	BY FUN		12. WAS DECEDENT EVER IN FORCES? 13 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp		NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	or No — 14, RA	CE — American Indian, ack, White, atc. White				
T & 2	ETED	ts. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		18e. DECEDENT'S L (Give kind of w life. Do NOT use	ork done during mo	ON st of working	16b. KIND OF BUS	SINESS/INDUSTRY					
	COMPLET	12 Years		Meat C	utter			Proces	sors				
YLA by the be del		17. FATHER'S NAME (First, Middle, Last) Not Known					ME (First, Middle, Meiden - Known	Surneme)					
MARYLAND retained by the hospit should be detached notified at once.	TO BE	190. INFORMANT'S NAME (Type/Print) Mrs. Florence A.	Hughes		ADDRESS (Street •	nd Number or Rural	Poute Number, City or Town		21222				
BALTIMORE, is of death. Page 6 may be the funeral director, page val.		20s. METHOD OF DISPOSITION **El Burlel 2	20b.	PLACE AND DATE Of the place of	F DISPOSITION /Na	DATE 20c. LQ	DATE 20c. LOCATION City or Town, State						
ALTIM death. Page e funeral dire L. examiner n		21, SIGNATURE OF FUNERAL SERVICE LICE	YSEE	th Lawii (
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tely filled in the madion, or red		23. PART I. Egter the disease, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	plus To the as a	ch lina.			,	ratory erreet,	Approximate interval Batween Onset and Death				
N 8 5 - 6	NO	Sequentially list conditions, b.	DUE TO (OR AS A CONSEQUENCE OF):										
or be be	ICATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
P.O. th certification of the c	CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
日報長馬	MEDICAL C	PART II. Other significant conditions	contributing to death bu	it not resulting in	the undarlying	g causa given in	PERFOR		4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
S color		DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF	DEATH Y	ES NO			1 - YES NO				
一年 報 章 篇	ICIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)						
마 음 등 등 기	PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED					
	ED BY	Netural 5 Pending Accident Investigation Suicide a Could not be	28e. PLACE OF INJURY - building, atc. (Specif	— A1 home, ferm, at		YES 2 NO	281, LOCATION (Street e City or Town, State)		I Route Number,				
DIVISION OR ATTENDING DIRECTOR: After hours after deat	1	4 Homicide determined											
로 그 오 누	COMPL	(Check only	N: To the best of my knowle On the beals of examination						e(s) end menner se stated.				
TO THE HOSPIT TO THE FUNERA DE filed within 7	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	luz	Ms		29c. LICENSE NUI	MBER	29d. DATE SIGN	ED (Month, Day, Year)				
	F	30. NAME AND ADDRESS OF PERSON WHO Steven W	COMPLETED CAUSE OF DEA			-		t					
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	CIAN ?	8.1995	Jalia Davel	corkardal					

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CEDR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after the control of Health and Mental Hygiene prior to burial, cremation, or removal.

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examiner

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or other traumatic event,

CERTIFICATION

MEDICAL

PHYSICIAN: Item 23

TO BE COMPLETED BY

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DIVISION OF VITAL RECORDS, P.O. BOX 6876	THE HIGHTAL HE ATTENDING PHYSICIAN: The law requires that the death certificate be executed v	TO THE FAMERY DIRECTOR: After this certificate has been signed by the attending physician and com-	the third will have after death with the State Dept. of Health and Mental Hyglene prior to burial, o	IMPORTANT IL 6m 28 is marked, or Item 23 shows any injury, or other traumatic ev
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	FOR STATE REGISTRAR		STATE OF I	MARYL	AND /	DEPAR ERTIF	TMENT	OF H	EALTH DEAT	AND I	MENTAI	L HYGIEN				
	1. DECEDENT'S NAME (First,	-	. 1		-						MONTH	OF DEATH	AV.	VEAD	3. TIME OF DEA	TH
	William H										Jan	. 4,	~ 199	5	10:45	5 6
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yr:		t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE (OF BIRTH		a, BIRTI	NPLACE (State or F	oreign
	140-09-60		1 M 2 F	79		YRS.	MONTHS	UAYS	HOURS	MIN,	uly	22,]	915	Nev	Jerse	ey.
	9a. FACILITY NAME (If not in:						9b. CITY	TOWN C	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF E	DEATN	
OR	207 Carda		rive				Ed	gew	ate	r			An	ne A	Arundel	
5	RESIDENCE OF DEC		,													
DIRECTOR	FL	Dade					r, rown o		ION					10d. INSIDE CIT LIMITS? 1 X YES 2		
ERAL	7380 NW 1	8th S	treet						3063					IZEN OF	WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 3 Wildowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 N	MED IO	- 1 1	f yes, sp	ENDENT O	F NISPAN n, Mexica Specify	n, Puerto R	? (Specify Yes	or No—	14. RACI Blac Spec	E — American indi	
Ĕ		EDENT'S EDUC highest grade			(Gr	CEDENT'S	work done o	CUPATIO	N st of workin	a	16b.	KIND OF BU	SINESS/INC	USTRY		
COMPLETED	Elementary/Secondary (0-	-12)	College (1-4 or 5 -	+)	life.	Do NOT us	les				L	uggag	ge Ma	anui	facture	er
8	17. FATNER'S NAME (First, Mi								16. MOTH	IER'S NAI	ME (First, M	fiddle, Malden	Surname)			
BE	Stephen H	rebin	iak						Z	Anna	GO.	lkiew	icz			
2	19a. INFORMANT'S NAME (7)	rpe/Print)			19b	MAILING	ADDRESS	(Street a	nd Number	or Rural F	loute Numb	er, City or Tow	n, State, Zip	Code)		
-	Gregory S	. Hre	biniak		_ 2	07 (Card	amo	n di	rive	, E	dgewa	ter	, MI	2103	17
	20a. METNOD OF DISPOSITE 1 2 Burlal 2 Cremation 4 Donation 5 Other	n 3 🗆 Remo	oval from State			natory or of			tery	7	1/7		cation -		own, State	
	21. SIGNATURE OF FUNERAL	uk !	I army	1/	1		H 1	ard 2 R	esty idge	Fu Fu	inera Ave	al Ho	me,	P.F		4(
	23. PART I. Enter the dis shock, or ha	seeses, or c	omplications that list only one cau	t ceused se on as	the de	eth. Do n	ot enter	the mo	de of dyl	ng, such	aa cerd	lac or reapl	ratory an	est,	Approxim Interval B	ata

PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i.

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

COLON

24s. WAS AN AUTOPSY PERFORMED?	24b.
1 YES 2 NO	
	1 .

Other (Specify)

WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 - YES 2 - NO

Approximata Interval Between

Onset and Death

K dews

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one **EXAMINER?**

HOSP1TAL: 1 Inpatient 2 ER/Outpetient 3	DOA	OTHE 4 - Nu	R: rsing Nome 5 Residence	6 🗆
28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	ME OF JURY	28c. INJURY AT WORK?	280

28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, atc. (Specify)

	28d. DESCRIBE NOW INJURY OCCUREO	_
0		
	26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

eck only	CERT	IFTING PHTSICIAN:	to the best of my	knowledge, dael	h occurred a	t the time, de	rte and place,	and due to the	e cause(a) and r	nanner as stated.
)	2 MEDI	CAL EXAMINER: On	the beals of axam	ination and/or in	veatigation, i	n my opinion,	death occurs	d at the time.	deta and place.	and due to the c

2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion	, death occured at the time, data and place, as	nd due to the cause(s) and manner se stated
29b. SIGMATURE AND TITLE OF CERTIFIER	29c, LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

Atha A Gerlesa Reg	030718
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GRATH (TEM OF CHAP)	

2180

IMMEDIATE CAUSE (Final

Sequentielly list conditions,

if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury

that initiated events resulting in death) LAST

1 YES 2 NO

5 Pending investigation

6 Could not be

27. MANNER OF GEATH

1 Natural

2 Accident

3 Suicide

4 Nomicide

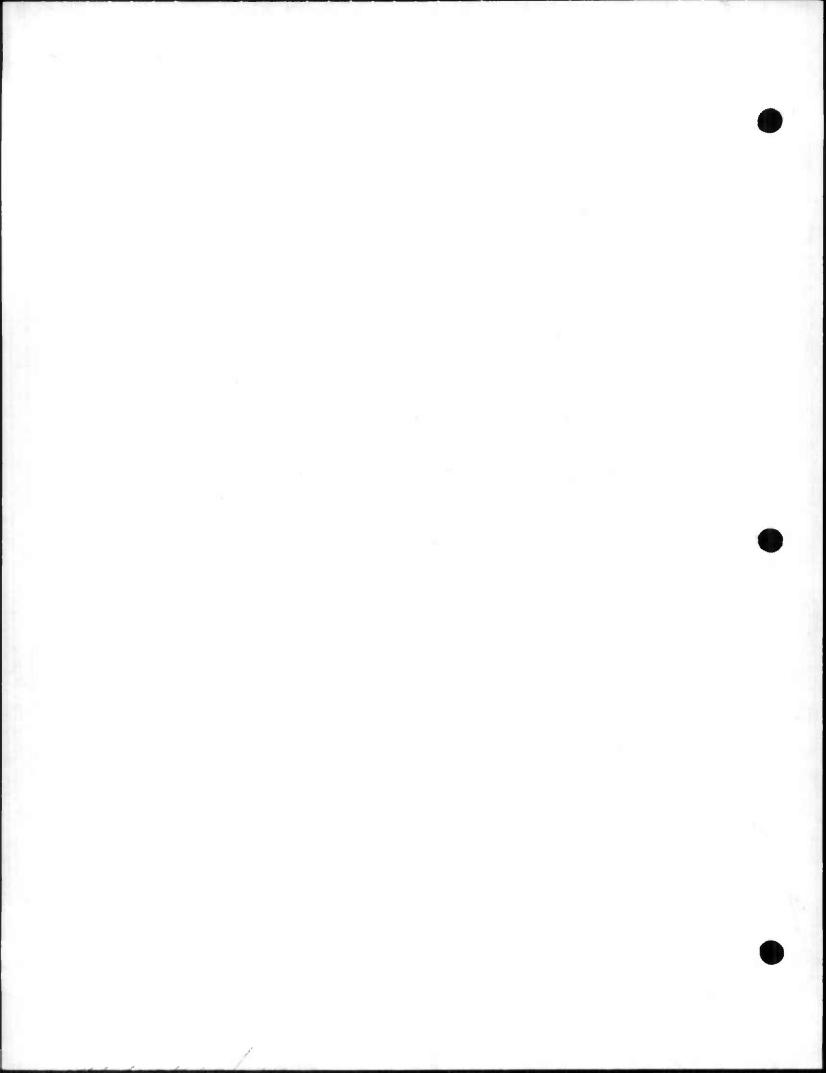
29a. CERTIFIER

disease or condition

resulting in death)

JAN 06 1995 July Davidson hardell

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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH MONTH 95 MAXINE HYM AN 30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 212460 538 1 🗌 M 2 🗹 F 48 DEC 2 1946 MARYLAND within 24 nours after death. Page 6 may be retained by the hospital or attending physician. not the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR GODO SAMARITAN HOSPITAL BALTIMORE BALT IMORE RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 714 EAST 41ST STREET 21218 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MID 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. Never Married 2 Married If yes, specify Cuben, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES B∡ Specify: 3 Widowed 4 Divorced BLACK ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 HOMEMAKER HOUSEHOLD once. 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surneme) Ħ CLARENCE WINSLOW ALPHIA FORD **BE** notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 WILLIAM P. HYMAN, 714 EAST 41ST STREET, BALTIMORE, MD 21218 9 20s. METHOD OF DISPOSITION
1 \(\text{D} \) Burlel 2 \(\text{Cremetion} \) 3 \(\text{D} \) Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must MARYLAND VETERANS CEMETERY 1-9 4 ☐ Donation 5 ☐ Other (Specify) CROWNSVILLE, MD medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
STALLINGS FUNERAL HOME, P.A. 3111 MOUNTAIN ROAD, PASADENA, MD 21122 completely filled in by the rial, cremation, or removal. 23. PART I. Enter the diseases, or complications that seused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate Intervel Between IMMEDIATE CAUSE (Finel the diseese or condition JEPSIS event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): executed to burial, PNEU MONIA traumatic CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate that the death certificate be cause. Enter UNDERLYING CAUSE (Diseese or injury or other Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF) that initieted eventa attending reaulting in deeth) LAST injury, the PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the S/P CARDIAC ARREST PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 ANO SEVERE METABOLIC ACI DOSIS 1 YES 2 NO has been : PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Hem certificate by the State HOSPITAL: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Nome 5 - Raeldence 6 - Other (Specify) of the 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked 휥 t Natural 5 Pending 1 YES 2 NO Bζ Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 3 Sulcida 6 Could not be 4 Nomicide determined O THE HOSPIN.
TO THE FUNERAL DIRECTOR MICHORAL DIRECTOR TO THE MICHORAL DIRECTOR TO THE MICHORAL DIRECTOR TO THE MICHORAL DIRECTOR TO THE MICHORAL DIRECTOR TO THE MICHORAL DIRECTOR DI 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner ee stated. COMPL 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(e) and manner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE D45484 JAN 5 m 2 30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5601 RAJERAS SIGNATURE LOCH BALTIMORY JAN UB". 1995

3. TIME OF DEATH

REG. NO

2. DATE OF DEATH

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AND 21215-0020

MUNIC PHYSICIAN: The law requires that the death certificate be executed within. Tours after death, Page 6 may be retained by the hospital or attending physician. After STATE REGISTRAR

31. DATE FILED (Month, Day

06 1995

32. AEGISTRAR'S SENATURE

1. DECEDENT'S NAME (First, Middle, Last)

1 -

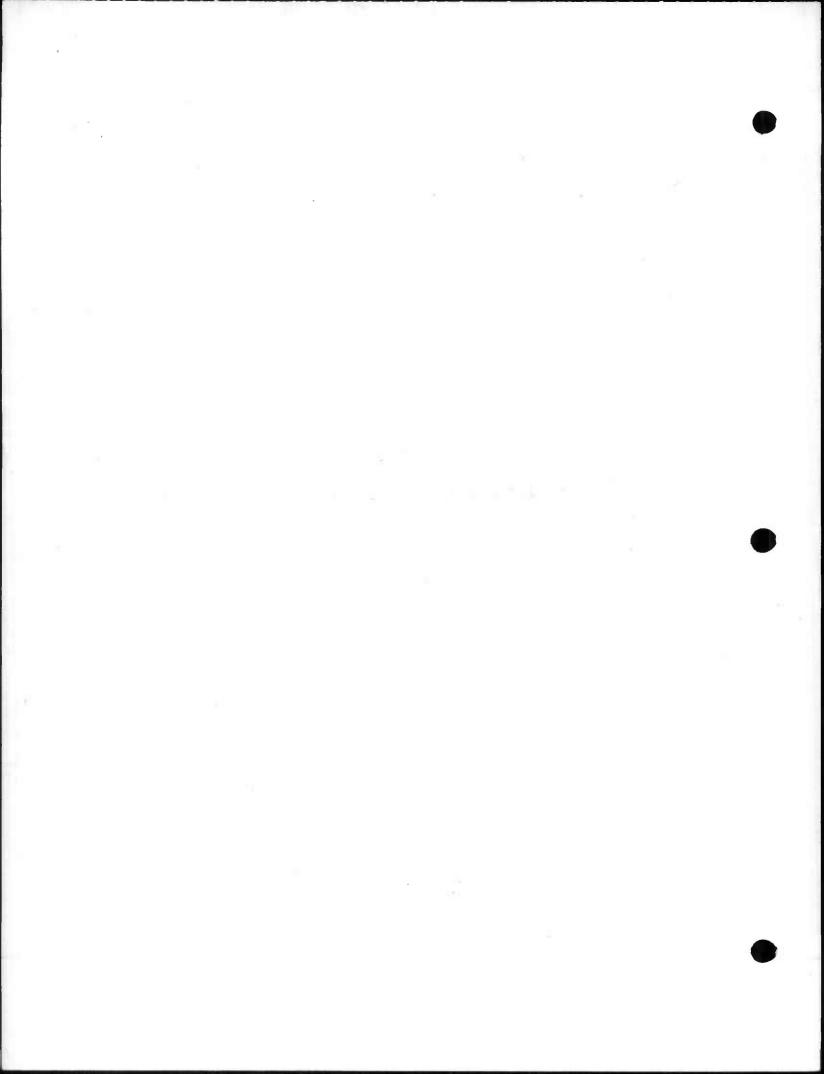
05 VINO 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH BURTHPLACE (State or Formice 3 YRS. permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Johns Hopkins BAG DIRECTOR RESIDENCE OF CEDENT STATE 10b, COUNTY 10c. CITY, TOWNOR LOCATION 10d. INSIDE CITY 101 1 X YES 2 | NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COMNTRY? 2 2 225 03 S. man een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit of Health and Mental Hygiene prior to burial, cremation, or removal. 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 11. MARITAL STATUS ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American India Black, White, etc. If yes, specify Suben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried Specify Black IF YES. GIVE WAR OR DATES ₽ 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high H lany Secondary (0-12) College (1-4 or 5+) COMPL once. FATHER'S NAME (First, Middle, Last) NOTHER'S NAME (First, Middle, Maiden Surname) 16. notified at 1a BE 190 NEDRMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street 2 Apta 21225 must be 20e. METHOD OF DISPOSITION

1 Burlai 2 DeCremation 3 Removal from State 20b, PLACE AND DATE OF DISPOS 20c. LOCATION -4 Donellor Other (Specify) examiner FUNERAL SERVICE LICENSEE NAME AND ADDRESS OF Ume event, the medical 23. PART I. the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximata ock, or heart feliure. List only one cause on each line intervsi Batween IMMEDIATE CAUSE (Finei disesse or condition resulting in death) Se PSI S DUE TO (OR AS A CONSEQUENCE OF): 3days mmunodeficiency syndrone traumatic CERTIFICATION Sequentielly liet conditions, if any, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any 1 TES 2 NO 1 YES 2 NO this certificate has been with the State Dept. of F DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN Item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: 1 YES 2 NO 1 inpatient 2 ER/Outpatient DDA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED marked. 1 Natural 1 YES 2 NO BY 2 Accident Investigation 3 Suicide 26e. PLACE OF INJURY — At home, lerm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner es stated, (Check only one) COM 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(s) end menner es stated. MPORTAN 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SJGNED (Month, Day, Year) 물 물 물 3 CMP Ł 9 223 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS Toseph inetz 10

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF H	HEALTH AND	MENTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. T	ME OF DEATH
		4.00044.00044	John R.	Ingram	Jr.		January 3	1995	5	м
Þ		4. SOCIAL SECURITY NUMBER 212 05 5837	1 [x] M 2 □ F 7	78 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 23,		BIRTHPLAC Country) Maryl	E (State or Foreign
2, 3 should	стов	90. FACILITY NAME (If not institution, give : North Arundel			Glen B	or Location of D	EATH	PK (22.5)	of DEATH	del
Jes 1,	딜	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. CiT	Y, TOWN OR LOCAT	TION			10d.	INSIDE CITY
permit. Pages	AL DIREC	Maryland Ani	ne Arundel	R	iviera B	each		Tu arres	1 🗆	YES 2 NO
Isit	띪	161 Riviera Dr	ive			21122		1	S.A.	COUNTRY?
020 physician. burial-transit	FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER IN			CENDENT OF HISPAI	NIC ORIGIN? (Specify Ye		. RACE - A	merican Indian,
21215-0020 al or attending physician for use as the burial-trar	B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			ecity Cuben, Maxica 5 2 🙀 NO Specif	in, Puarto Rican, atc.) y:		Black, Whit Specify:	white
5	TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Glyn kind of	USUAL OCCUPATION	ON ost of working	16b. KIND OF BU	SINESS/INDUS		
	COMPLET	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	Chef	se retired.)		Resta	urant		
YLAND of the hospital by the hospital be detached for all once.	NO	17. FATHER'S NAME (First, Middle, Last)		CHEL		16, MOTHER'S NA	ME (First, Middle, Maiden			
YL by th	BE C		John R. Ingra	ım			rah Hopki			
MARYLAND retained by the hospit should be detached notified at once.	10 B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		/	
	-	Diane Ingram			atewater		Glen Burr			
BALTIMORE, or death. Page 6 may be the funeral director, page val.		20s. METHOD OF DISPOSITION 1 Strain 2 □ Cremation 3 □ Ram 4 □ Donation 5 □ Other (Specify)	oval from State 20b.	PLACE AND DATE etery, crematory or o	of disposition (N_{ℓ}) ther place) L ${f 1}$ Cemete	ame of		CATION — City		
Page al dire		21. SIGNATURE OF FUHERAL SERVICE LI	CONSER	edal HII	22, NAME AF	ND ADDRESS OF FA	CILITY	timore		yrand
BALTIMOR after death. Page 6 m y the funeral director, noval.		Men	1 4				ce Funeral			01005
Ca at		23. PART I. Enter the diseases, or	complications that caused	the deeth. Do	not enter the mo	RITCNIE ode of dylng, auc	Hwy. Balt	Inore,	Md.	Z1ZZ5 Approximete
7 fille tion,		IMMEDIATE CAUSE (Final disease or condition	A Crute	nch line.	20 ,	1	lufaret			Interval Between Onset and Death
760, ed within 24 ompletely fille il, cremation, event, the		resulting in death)	DUE TO (DR AS A	CONSEQUENCE	F):		1		-	
C 68760 executed with and compler to burial, crea	N	Sequentially list conditions,	b							
Se da la la la la la la la la la la la la la	ATIC	if eny, leeding to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):					
O. B ertificate ing physiqiene prother t	FIC	CAUSE (Disease or Injury thet initiated events	C. DUE TO (OR AS A	CONSEQUENCE O	F);					
G Ho	CERTIFICATION	resulting in deeth) LAST	d							
○ 의료조금	AL C	PART II. Other algnificent condition	s contributing to deeth be	ut not resulting	in the underlying	g ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE	AUTOPSY FINDINGS
25 - 20	EDICA		45	-			PERFOI		AVAIL COMF	ABLE PRIOR TO PLETION OF CAUSE
w requires that w requires that been signed by pt. of Health an shows any	MEC	Athanohie	Brone	Letis						YES 2 NO
		DID TOBACCO USE CONT				UNCERTAIL	V 🗆			
A SEE	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA	OTHER:					
F V SICIAN certifi certifi	HYS	1 YES 2 NO	1 Inpatient 2 ER/Output 28a. DATE OF INJURY	etlent 3 DOA 28b. TIM		IURY AT	6 ☐ Other (Specify) 28d. DEŞCRIBE HOW I	N HIRV OCCUE)ED	
	100	1 Natural 5 Pending Investigation	(Month, Day, Year)	IN	URY WO	PRK? YES 2 NO	EGG. DESCRIBE NOW I	NJOHT OCCOR	ED	
O O TO	ED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm,	street, factory, office	•	28f. LOCATION (Street City or Town, State)	and Number or	Rural Route N	lumber,
OR ATTE	5	as arrange 1								
Tal D	ξľ		CIAN: To the best of my knowledge.							
HOSPITAL FUNE 72	8/		R: On the basis of examination	and/or investigation	on, In my opinion, d					
THE TO THE DE THE MPOR	BE	299 SIGNATURE AND TITLE OF CERTIFIE	49 Actor	idine?	Doctor	29c. LICENSE NUI		29d. DATE SI	IGNED (Mont	h, Day, Year)
5 5 ¥ ₹	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type	Prim) 14 # 10		ENBURINI MD2	3_	7	10
		31. DATE FILED (Month, Day, Year)	1500 C/2		ा भाग	Ů.	MOZ	1061.		
		JAN 0 6 1995 9	alla Studior Ran	Sall						

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within computed within the formation of the following physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

ITEMS: 1. & 19b, PER F.H.FILM G-719 1/6/95 t.t

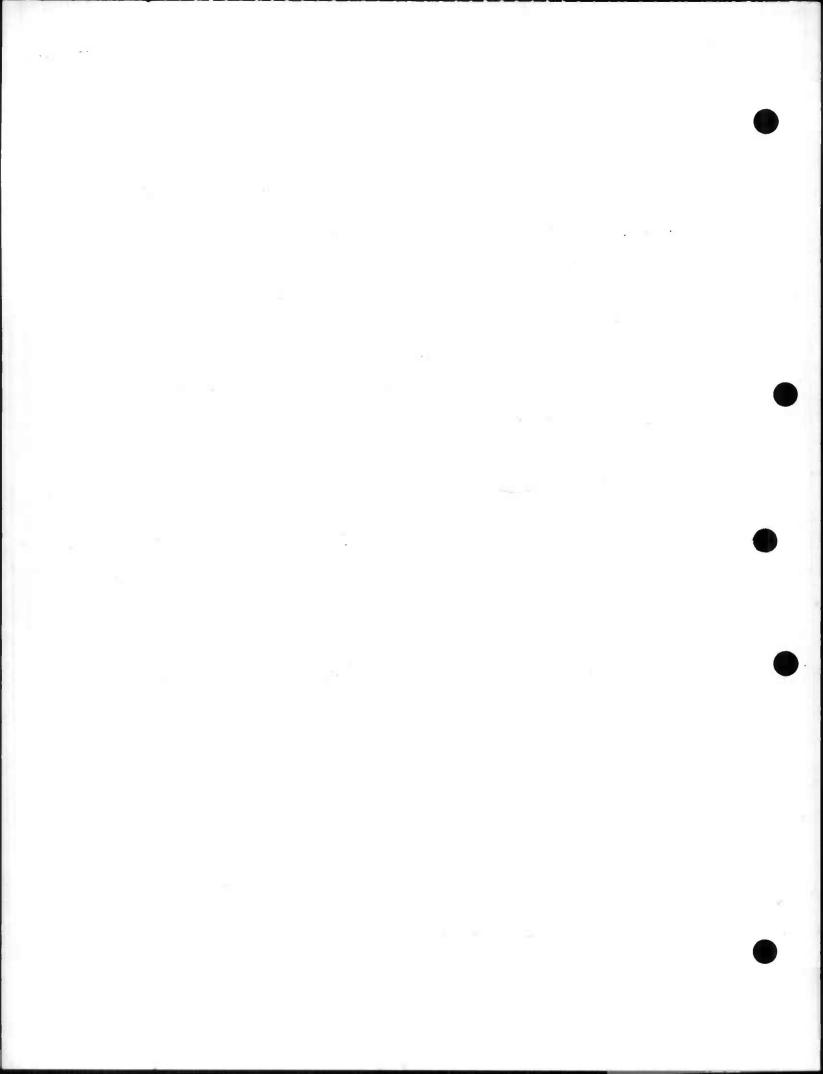
	1 - STATE OF MA				OF HEALT		MEN.	TAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)						MC	ATE OF DEATH	NY.	YEAR	3. TIME OF DEATH	
							_	N.02,1	995		14:00 P M	
	218-88-2322 1 ₁				DAYS HOUR	DER 24 HRS.	(M	NTE OF BIRTH Conth, Day, Year) B 7, 19	977	S. BIRTHP Country, M.D.		
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, T	OWN OR LOC	ATION OF D		D / · 1.		NTY OF DE		
DIRECTOR	6422 BALTO NATIONAL PI	KE							ВА	LTIN	MORE	
REC	10a. STATE 10b. COUNTY	10	Dc. CITY	TOWN OR	LOCATION					T	10d. INSIDE CITY LIMITS?	
	MD		В	ALTO	-						1 X YES 2 NO	
FUNERAL	10e. STREET AND NUMBER				10f. ZIP C						HAT COUNTRY?	
ON	1919 LAURETTA AVE 11. MARITAL STATUS 12. WAS DECEDENT	VER IN U.S. ARMED		13. WA	212 S DECENDEN		NIC ORI	GIN? (Specify Yes		U.S.	- American Indian	
ВУ Е	1 Never Married 2 Married FORCES? 1 FYES, GIVE WAR	YES THO		lf y	es, specify C	iben, Mexica	nn, Puer	rto Rican, etc.)		Black, Specify	White, etc.	
	15. DECEDENT'S EDUCATION	18a. DECED	ENT'S L	JSUAL OCC	UPATION			18b. KIND OF BUS	INESS/IND	USTRY	BLACK	
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)				ing most of wo	rking						
MP	10TH 17. FATHER'S NAME (First, Middle, Last)		JNK	NOWN								
ШСС	THERON W. JONES					OTHER'S NA		st, Middle, Malden : ROWN	Surname)			
19 P	19a. INFORMANT'S NAME (Type/Print)	19b. M	AILINO /	ADDRESS (S		ber or Rural	Route N	umber, City or Town	n, State, Zip	Code)		
٦	LINDA BROWN			-	URETI	A -		N BAL	ro,	MD 2	1223	
	20a. METHOD OF DISPOSITION 1 Description Description	20b. PLACE AND COMMENTS OF THE PARTY OF THE	DATEO	FDISPOSITION	ON (Name of	· K	169			City or Tow	n, Steta DWN , MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	RING	1011	-	ME AND ADD			JJ KAI	מאטא	LOIC	WIN / PID	
	→ Ween Edn	von))	MA	RCH F	/H-W	ES:	r 4300	WAB	ASH	AVE	
	23. PART i. Enter the diseases, or complications that c shock, or heart failure. List only one ceuse	eused the death. on each line.	. Do no	ot enter th	e mode of	dying, suc	h aa c	ardiac or reepin	ratory arr	est,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final											
	disease or condition a. Gwn Shot wound to head DUE TO (OR AS A CONSEQUENCE OF):											
N	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
ATI	if any, leading to immediate ceuse. Enter UNDERLYING	R AS A CONSEQUEN	NCE OF)									
E	that mittatod events	R AS A CONSEQUEN	NCE OF)	:								
CERTIFICATION	resulting in death) LAST		-									
CAL	PART ii. Other eignificent conditions contributing to de	eth but not reau	Iting in	the unde	rlying ceus	e given in	Part I.	24a. WAS AN			VERE AUTOPSY FINDINGS	
MEDIC								1 YES 2			COMPLETION OF CAUSE OF DEATH?	
<u>X</u>	DID TOBACCO USE CONTRIBUTE TO CAU	SE OF DEATH	VFC	. □ NO	AU RÉC	ICERTAII				,	TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF	_			CERTAII						
YSIC	1 XYES 2 NO 1 Inpatient 2 E	R/Outpatient 3 🗆 C		OTHER:	Home 5 🗆	Residence	ox o	ther (Specify) B	EHIN	D DI	JMPSTER	
_	27. MANNER OF DEATH 28a. DATE OF IN (Morgh, Day,		b. TIME	RY	c. INJURY AT WORK?			DESCRIBE HOW IN				
2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office 2st LO								OCATION (Street as	nd Number	or Rural Roi	ute Number,	
	4 Shomicide adarmined building, etc	behind	1	Jump.	sher		G	ity or Town, State)	allim		Pive	
COMPLETE	29a. CERTIFIER (Check only one)											
8	2 X MEDICAL EXAMINER: On the beals of axam	ination and/or inves	itigation.	, In my opin	ion, death oc	cured at the	time, d	ate and place, and	due to the	cause(a)	and manner as stated.	
H	296. SIGNATURE AND TIPLE OF CERTIFIER					CME	ABER		N		Month, Day, Year)	
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27)) (Type, F	Print)		CME			J	AN.	03,1995	
	DWD R FOW G. 31. DATE FILED (Mgoth, Day, Year) 32. REGISTRAR'S	111	Per	nn S	treet	, Ba	1lt:	imore,	Mar	ylar	nd 21201	
	.1014 11 6 400= 7.	SIGNATURE										

while with the other bushes

1 - FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Last						2. DATE OF MONTH	DEATH	/	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AC	GE (In yrs. las	birthday)	F UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF	BIRTH	7 /	A BIRTHR	LACE (State or Foreign
	528-26-8107	1 🔀 M 2 🗆 F	69		ONTHS DAY		Aug 2	ey, Year)		Country) Utah	
	9a. FACILITY NAME (If not institution, give	street and number)	0,7	9	b. CITY, TOW	/N OR LOCATION OF D		J, 1.		TY OF DEA	
DIRECTOR	Northwest Hosp	ital Center			Ran	dallstown			_Balt	imor	ce County
, j	10a. STATE 10b. COUN	тү		10c. CITY,	TOWN OR LO	CATION				,	10d. INSIDE CITY
1	Maryland Balt	imore Co.		Pik	esvil	le_				1	LIMITS?
PAL	10s. STREET AND NUMBER					101. ZIP CODE					AT COUNTRY?
FUNER	4131 Raleigh Rd.	12. WAS DECEDENT EVE		450		21208			USA		
	1 Never Married 2 Married	FORCES? 1 X YI	ES 2 N		If yes,	DECENDENT OF HISPA , specify Cuben, Mexic	an, Puerto Rica	Specify Yes in, etc.)	or No-	Black,	— American Indian, White, aic.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	WW 2		'"'	YES 2 NO Spec	ny:			Specify:	White
TED	15. DECEDENT'S ED (Specify only highest grad		(Gi	ve kind of wor	BUAL OCCUP	ATION most of working			INESS/INDU		
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use i	retired.)				ecuri		
COMP	17. FATHER'S NAME (First, Middle, Last)	4 years	C1V	'11 Ad	minis	trator			ratio)n	
	Thomas William	Jensen					e Woodl		Sumame)		
BE (19a, INFORMANT'S NAME (Type/Print)		196	MAILING A	DDRESS (Stre	et and Number or Rura			n, State, Zip (Code)	
2	Mrs. Elaine L. J	ensen	4	131 R	aleig	h Rd. Pi	kesvil:	le, M	ID 2	21208	3
	25s. METHOD OF DISPOSITION 1 25 Burlat 2 □ Cremation 3 □ Res		20b. PLACE A			(Name of	DATE	20c. LO	CATION — C	ity or Town	n, Stata
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE)	edetion to the control of the contro	Cedar	City	Cemet		1-10	Iro	n Cou	nty,	Utah
	ST. SIGNATURE OF FURGICAL SERVICES	CENSEE				and address of F		Dir	ector	s. I	nc.
Щ.	1000				8728	Liberty 1	Rd. Rar	ndal1	stown	, MD	
	23. PART i. Enter the diseases, or shock, or heart failure	complications that cause or List only one cause or	sed tha dai n aach lina.	nth. Do not	anter tha	moda of dying, su	ch as cardiac	or respli	ratory arre	st,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	Mu			-	1 1-					Onset and Das
	resulting in death)	DUE TO (OR A	S A CONSEC	UENCE OF):	-try	netur					16 Mins
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CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQ	UENCE OF):							
S	CAUSE (Disease or Injury	DUE TO (OR A	S A CONSEO	LIENCE OF							-
H	that initiated events resulting in death) LAST	DOE TO (ON A	3 A CONSEQ	DENCE OF):							
		d									+
MEDICAL	PART II. Other significant condition	*	but not re	sulting in	tha undarly		Part i. 24	PERFOR		A	VERE AUTOPSY FINDING WAILABLE PRIOR TO
ED	JUSTESTICE ()	transmit	0+	GALL		AODEL	1	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
77.7	DID TOBACCO USE CONT	DIRLITE TO CALISE	OF DEAT	TH VEC		VZ LINICEDTAL				1	YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL	INIBOTE TO CAUSE			(Check only o		ИП				
Sic	EXAMINER? 1 ☐ YES 2 ☐VNO	HOSPITAL:	utpatlant 3		THER:	Iome 5 🗆 Residence	8 Other (Sc	pecify)			
PHYSICIAN	27. MANNER OF DEATH	28s. DATE OF INJUR (Month, Day, Yes	ry r)	28b. TIME C	OF 28c.	INJURY AT WORK?	26d. DESCRI	,,,	JURY OCCU	JRED	
BY	1 Natural 5 Pending 2 Accident Investigation				M 1	YES 2 NO					
ETED	Suitcide Suitcide Could not be determined City or Town, State) 28e. PLACE OF INJURY — At home, larm, efreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, larm, efreet, factory, office City or Town, State)									r Rural Rou	ute Number,
LETE	294. CERTIFIER AND CONTRACTOR OF THE PARTY O										
A	(Check only CERTIFYING PHYS	SICIAN: To the best of my kn ER: On the bests of exemina									
78)	39b. SIGNATURE AND TITLE OF CERTIFU			woodgation,	m my opinior	_		pieca, and			
-60	- BM 15	MI)			29c. LICENSE NU	//		29d. DATE	SIGNED (A	Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	O OPPLETED CAUSE OF	DEATH (ITEM	1 27) (Type, Pr	int)	1 (74)	76+		/	4/7	4
	DRIAN =	KAMZA	CM	4.1	gethue	+ He	soitel	(inter		
	31. DATE FILED (Month, Day, Year)	WW 37859 TOPP	and with				7				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BOX 68760	
P.O.	
AL RECORDS,	
OF VITA	
DIVISION	

TIAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.

TAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be found, with the State Dept. Of Health and Mental Hygiene prior to burial, cremation, or removal.

TELEM 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEALT	H AND ME	NTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH		3. TIME OF DEATH
	HWA HYON	LEE				JAN L	1995	M
	4. SOCIAL SECURITY NUMBER 215-74-2172	5. SEX 6. AGE (UNDER 1 YEAR IF UNITHS DAYS HOUR	S MIN.	Month, Day, Year)	079 00	HTHPLACE (State or Foreign unity)
~	9a. FACILITY NAME (If not institution, give str	eet and number)		CITY, TOWN OR LOC		1	9c. COUNTY O	F DEATH
DIRECTOR	RESIDENCE OF DECEDENT	DT.		BALTIM	ORE			
ZEC.	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION				10d. INSIDE CITY LIMITS?
	Mg		BA	LTIMOR	E			1 X YES 2 NO
AAL	10s. STREET AND NUMBER	5-		10f. ZIP C				F WHAT COUNTRY?
FUNERAL	8024 GOUGH	12. WAS DECEDENT EVER IF	III S ARMED		224	0010010010	USA	
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO		uban, Maxican, P	ORIGIN? (Specify Yes 'uarto Rican, etc.)	8	ACE — American Indian, lack, White, atc. pecify:
ED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION CONTROL OF THE PROPERTY	18a. DECEDENT'S USU	AL OCCUPATION done during most of wo	dia	16b. KIND OF BUS	SINESS/INDUSTRY	1 100
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use ret	red.)	rking	21	* 1	
MP	12		Mercha			Meta	١]	
8	17_FATHER'S NAME (First, Middle, Last)	WANG		18. M	OTHER'S NAME	(First, Middle, Malden	Surname) ,	
BE	19a. INFORMANT'S NAME (Type/Print)	NANO	19b. MAILING ADD	RESS (Street and Num	ber or Rural Rout	n Number, City or Town	n. State Zin Code)	
임	JAE LEE		C	MOUNTAIN				WH 20723
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State 20b	PLACE AND DATE OF DI Detery, cremetory or other p	SPOSITION (Name of lace)		DATE 20c. LO	CATION — City or	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	Cilcared VAI	22. NAME AND ADD	RESS OF FACILI	TY		10171UM Md 21673
	* xort W	Though		EVANSCI	nanela	FC himes		
	23. PART i. Enter the diseases, or co	omplications that caused	the death. Do not e	nter the mode of	dying, auch a	a cardiac or reapi	ratory arrest,	Approximata
	shock, or heart failure. L IMMEDIATE CAUSE (Final	ist only one cause on e	ach iine.					interval Between Onset and Daath
	disease or condition resulting in death)	DUE TO (OR AS A	es piraton	arre.	42			5 minnes
		DUE TO (OR AS A	CONSEQUENCE OF): Meters		n n		. ~	_
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	tertil a	denoci	aveinome	to p	S MONYES
CA	cause. Enter UNDERLYING CAUSE (Disease or injury		stemac	4				
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
E I	d	·						
AL	PART II. Other aignificant conditions	contributing to deeth b	ut not resulting in th	e underlying caus	e given in Par	t I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă						1 TYES 2	№ No	OF DEATH?
ž	DID TOBACCO USE CONTR	IBLITE TO CALISE O	E DEATH VEC	7 NO EZ 111	LOEDTAIN L			1 TYES 2 1 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C		NCERTAIN (
SIC		HOSPITAL: 1 Inpetient 2 ER/Outp		HER: Nursing Home 5 🖼	Residence 8	Other (Specify)		
PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2	28	d. DESCRIBE HOW II	NJURY OCCURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be datarmined	28s. PLACE OF INJURY building, etc. (Speci	— At home, ferm, street			f. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,
COMPLETED	29s. CERTIFIER	AM. To the best of our face	A STATE OF THE STA					
ĕ		IAN: To the best of my knowle: On the byels of examination						e(a) and manner as stated.
	200. SIGNATURE AND TITLE OF CERTIFIED	1			ICENSE NUMBER			IED (Month, Day, Year)
TO BE	38. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	MD		D 3042		> //	15/95
	DR. SANDY FOGE	L 220 W	1. Coldsp	ring LA	NE B	alto. M	d. 21	210
	JAN U 6 1995	32 REGISTRAR'S PIGN.	ATURE					
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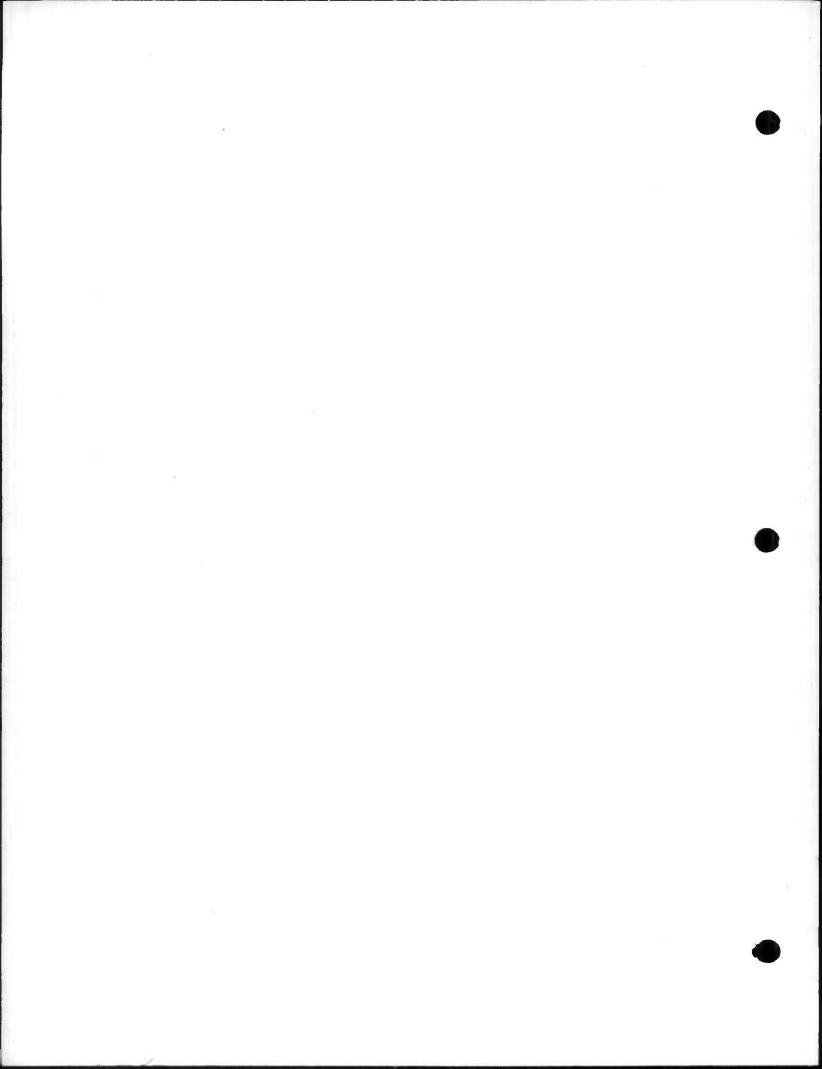
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hospital or attending physician. Inched for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
une innerial product, page 3 should be betached	the letting of the control of the State Dept. of Health and Memal Hydrine prior to burial, cremation, or removal.
er death. Page 6 may be retained by the host	TO TRANSON IL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$4 hours after death. Page 6 may be retained by the host

	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND / CE	DEPAR	TMENT	OF H	EALTH	AND M	IENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, GENEVA	LEISN	ER						2. DATE O	F DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220–38–8615	1 🗆 M 2 😾 F	☐ M 2 F 53 YRS. MONTHS DAYS HOURS MIN.						7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Inc.)				PLACE (State or Foreign y) WVA
TOR	8019 Edgewines of December 1981 Pagewines of Dec	ater Ave.			9b, CITY		edale	ON OF DEA	ATH		9c. COU	NTY OF D	eath altimore
DIRECTOR		OUNTY Baltimore		10c. CIT	Y, TOWN (on edal	e				10d. INSIDE CITY LIMITS? 1 TYES 25 NO	
VERAL	10. STREET AND NUMBER 8019 Edgewater Ave.					10f	ZIP CODE	21237	7			JSA	VHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	YES 2 N	MED O		If yes, spe	ENDENT O	F HISPANI n, Mexican Specify:	C ORIGIN? , Puerto Ri	(Specify Yes	or No-	14. RACE Black Specifi	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	S EDUCATION I grade completed) College (1-4 or 5+)	/G/v	ne kind of v Do NOT us	USUAL OF VORK done of retired.)	during mo:	IN st of workin	9	16b. /	(IND OF BUS	INESS/IND	USTRY	
w Bessie Johnson													
101	190. INFORMANT'S NAME (Type/Print, Nicky Leisne		8019	Edge	ewat	er Av	or Rural Ro Je. E	Balti	City or Town	, State, Zip MID	2123	37	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVI)	natory or o	DATE OF DISPOSITION (Name of tory or other place) PAS OF Faith 1-7+95 Baltimore, MD 22. NAME AND ADDRESS OF FACILITY									
	· Deric	& Kelly				C	vach/ 1211	Rose	dale aco	Fune:			
	23. PART I. Enter the diseases shock, or heert fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	on each line.	Conc	er	the mod	de of dyl	ng, auch	aa cardia	or reapli	ratory arr	rest,	Approximate interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or Injury that Initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL C	PART II. Other algnificant cond	eath but not re	resulting in the underlying ceuse given in P					Pert I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			24b.	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: ME	DID TOBACCO USE CO		SE OF DEAT				UNC	ERTAIN					1 TES 2 NO
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER	1 :	5 🗆 Res	sidence 8	☐ Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investiga		JURY Year)	28b. TIMI INJ		28c. INJU WOI 1 Y			28d. DESC	RIBE HOW IN	JURY OCC	CURED	
	3 Suicide 6 Could no 4 Homicide determin	ot be building, at	NJURY — At horr C. (Specify)	ne, farm, s	treet, tacto	ory, office				ION (Street a Town, State)	nd Number	or Rural A	oute Number,
COMPLETED		PHYSICIAN: To the best of m AMINER: On the basis of exam											and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CER	My M	P				29c. LICE	42	7 Z 9		29d, DATE	SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSO Van E. W. 31. DATE FILED (Month, Dey, Year)	, MD	8817	0	as a	24)	6	aldiv	wite,	lip	2/2	36
	JAN 0 6 1995	Julia Dauxden	_										DHMH-16 Rev 1/89



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BALTIMORE, MARYLAND 21215-0020	or attendir
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DALIMONE,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within enfours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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	DULS	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nedi
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STATES OF ALL ACTUACY, T.O. BOX 68160,	IG P	ter th ath w	nark
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR GREGOR 1425 JAN 995 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year, Feb. 7, B. BIRTHPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F 208-09-7094 Pennsylvania 76 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH DIRECTOR Northwest Hospital Center Randallstown Baltimore RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Reisterstown 1 YES 2 XNO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 220 E. Cherry Hill Road 21136 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerio Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married specing: White IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 6 Maint. work Food Store Chain 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) John Lizurick Catherine Paytek BE 19a, INFORMANT'S NAME (Type/Print) 2 Helen G. Lizurick 220 E. Cherry Hill Rd. Reisterstown, Md. 21136 20a. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 1 X Buriel 2 Cremation 3 L 4 Donation 5 Other (Specify) Druid Ridge Cemetery 1-6-95 Pikesville. Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Road Reisterstown, Md. 21136 Eline Funeral Home 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final diseese or condition resulting in death) 20 DAYS DUE TO (OR AS A CONSEQUENCE OF): PNEUMONIA YPICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditione contributing to desth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO EIZURES COMPLETION OF CAUSE 1 TES 2 HO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO 1/ Unpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 7333 DAN 3, 1995 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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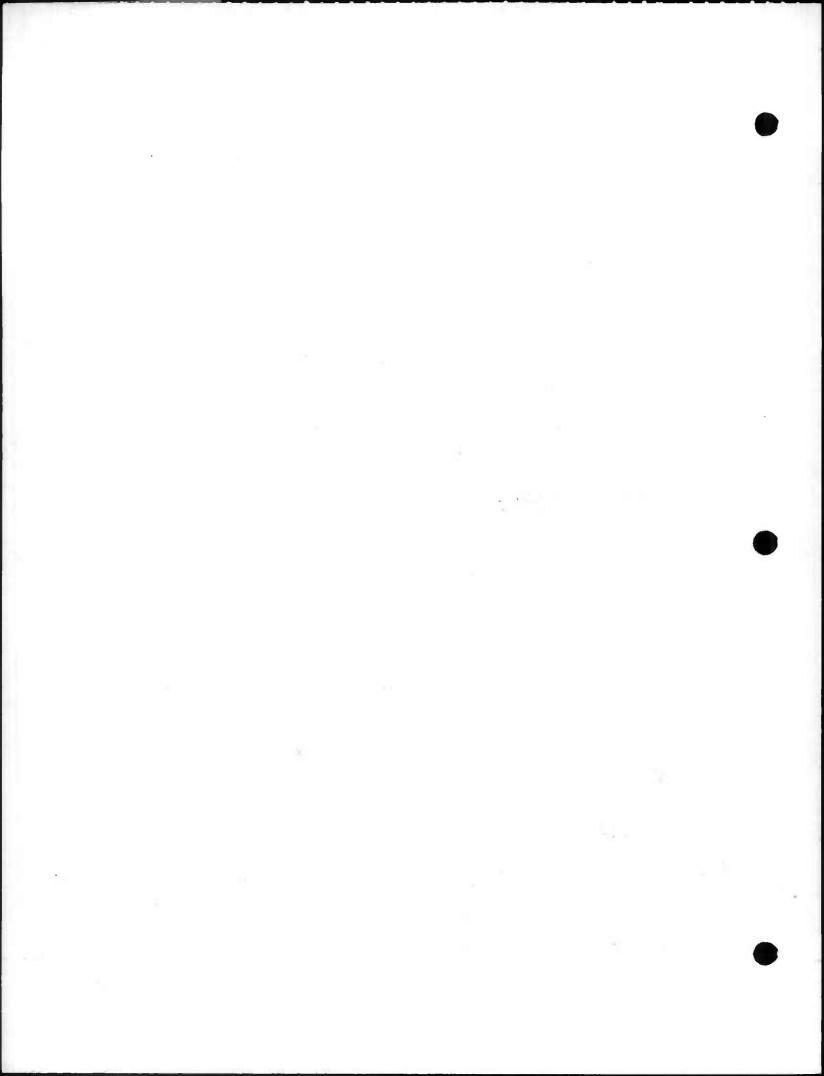
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a high refer feath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

		1 - STATE REGISTRAR	STATE OF MARYL			TMENT				ENTAL HYGIEN				
		1. DECEDENT'S NAME (First, Middle, Lest)					. DATE OF OEATH			3. TIME OF DE	ATH			
	- 50	SARAH F. Mc I							J.	AN. 3,1	995	YEAR	1:30	А. м
2	1	4. SOCIAL SECURITY NUMBER 231 01 1825	1 □ M 2 X F 8	(In yrs. Iasi 37	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER		Month, Day, Mar)	907	VIR	GINIA	Foreign
2 2	стоя	90. FACILITY NAME (If not Institution, give street and number) 2726 W. GARRISON AVENUE 9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE										ATH		
3	ECI	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INC.										10d. INSIDE C	TV	
die	L DIRE	MARYLAND 10e. STREET AND HUMBER				LTIN	10RI	Ξ					LIMITS?	НО
	FUNERAL	2726 W. GARRIS	SON AVENUE					2121					OF A.	
	BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 N Widowed 4 Divorced	IF VES GIVE WAR OR DATES					cify Cuba		ORIGIN? (Specify Ye Puerto Rican, etc.)	s or No — 14	Black, Specify	- American in White, etc.	dlen,
	ETED.	(Specify only highest grade completed) Elementer/Secondary (0-12) Calleng (1-4 or 5 a) 16b. KIND OF BUS (Give kind of work done during most of working life. Do NOT use retired.)								SINESS/IHDUS		DITOR		
g .	COMPL	N/A		DC	MES	TIC	WOI	RKER		PRIVAT	E FAM	ILI	ES	
d at once.	ш									(First, Middle, Meiden NNA SIM	,			
notified	TO B	19e. IHFORMANT'S NAME (Type/Print)								te Number, City or Tow				
be no		MRS. MARY ADDER	₹LY	27	726	W. (SARE	RISO	N AV		TIMOR			21215
must		206. METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 2 SIGNATURE OF SIMPERAL SERVICE LICENSES												
i. examiner		21. SIGNATURE OF FUHERAL SERVICE LICENSEE LEWIS T. GWYNN LEWIS T. GWYNN FUNERAL HOME 21215 4517 PARK HEIGHTS AVE. BALTO. MD.												
or removal medical		23. PART I. Enter the diseases, or co	omplicatione that caused	the dec	eth. Do n	ot enter	the mod	de of dyi	ng, such s	s cerdiec or resp	ratory srree	BAI	Approxi	
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Dept 23	AN:	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL				H (Check o		UNC	ERTAIN					
State Item	SICI	EXAMIHER? 1 YES 2 NO	HOSPITAL:			OTHER		. × .	aldanae d [Other (Specify)				
d. or	PHY	27. MAHHER OF DEATH	26s. DATE OF INJURY		28b. TIM	E OF	28c. INJL	JRY AT	-	d. DESCRIBE HOW I	NJURY OCCUI	RED		
marked	ВУ Р	1 Hatural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJ	URY M	1 Y	ES 2	NO					- 1
after d	TED	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
	PLE	290. CERTIFIER Check only	IAN: To the best of my knowl	ledge, dea	th occurre	d at the tir	ne, data	end place.	end due to	the cause(s) and mar	Oner se stated			
in 72	3		: On the basis of examination										end manner ac	stated.
d within	2	SIGNATURE AND TITLE OF CERTIFIER	Da					29c. LICE	NSE NUMBE	R	29d. DATE S	IGNED (Month, Day, Yea	r)
be filed IM	8	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE DF DE	ATH (ITEM	27) /īvpe.	Print)		D	097	775	> /	3	195	
		Stanley M RO 31. DATE FILED (Month, Day, Year)	SERISTRAR'S SIGN	24	35	W.	- 1	30/2	udi	V Aug	- Ba	140	ma, 2	121
		JAN 06 1995 Jan	la davolor Rano											



BALTIMORE, MARYLAND 21215-0020 ATENDIAL PHYSICIAN: The law requires that the death certificate be executed with, DIVISION OF VITAL RECORDS, P.O. BOX 68760

IN TENTINE AND THE LAW requires that the death certificate be executed with. A hours after death, Page 6 may be retained by the hospital or attending physician.

State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

		Item # 17 film # G	719 1-6-95 N.A.	Per Fun	eral	Home				95	o U	0179
		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPA	RTMEN	IT OF H		MENTA	L HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)	John H. M	artin				MONT	OF DEATH	MY	YEAR	3. TIME OF DEATH
			1 № 1 = 40	yrs. lest birthday) YRS.	IF UNDI MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN.	7. DATE (Mont	OF BIRTH h, Day, Year)		8. BIRTHP Country)	LACE (State or Foreign
	OR	90. FACILITY NAME (If not institution, give str North Arundel H				or Location of Burnie	DEATH		9c. COU	NTY OF DE		
	DIRECTOR	104. STATE 10b. COUNTY Maryland Anno	e Arundel	_	ry, town	OR LOCAT	TION				- 1	10d. INSIDE CITY LIMITS? 1 YES 2 7 NO
	FUNERAL	100. STREET AND NUMBER 219 Lake Road	3 manace		<i>Diau</i>	-	1. ZIP CODE 2/122					IAT COUNTRY?
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 X NO	NED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE -					- American Indian, White, etc.		
	COMPLETED	15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	Me. Do NOT u	work done ise retired.	during mo	ost of working		Landa	_		Witee
at once.	E COM	12th Finishing Supervisor London Fog 17. FATHER'S NAME (First, Middle, Lest) Rath William H. Martin Ruth E. Dembinsky										
	0 2	190. INFORMANT'S NAME (TyperPrint) Kathy Martin 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 219 Lake Road Pasadena, Maryland 2112									122	
r must b		20a. METHOD OF DISPOSITION 1 Darte 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of competery, crematory or other (specify) 1 Date 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State								laryland		
examiner	1	21. SIGNATURE OF FUNERAL SERVICE LICE	rsee Laggelloll	hy.	ξ 4	eorg	no adgress of e f. 90 Ritchie	nce Fi	uneral Balt	Home	P.A	. 21225
rent, the medical												
7, or other traumatic e		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Yards Y									Yales	
snows any injury	EDICAL	PART II. Other significant conditions	contributing to death bu	t not resulting	in the u	ndarlying	g cause given	in Part I.	24a. WAS AN PERFOR	RMED?	o o	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		DID TOBACCO USE CONTRI 26. WAS CASE REFERRED TO MEDICAL		DEATH Y			UNCERTA	IN 🗆			1	YES 2 NO
E COLON	TH I SICIAN.	EXAMINER?	HOSPITAL:		OTHE	R:	e 5 🗆 Residenc	e 6 🗆 Othe	r (Specify)			
		27. MANNER OF DEATH Netural 5 Pending Accident Investigation		JURY	1 🗆 1	PRK7 YES 2 NO	28d. DES	CRIBE NOW I	NJURY OCC	CURED		
	_	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY – building, etc. (Specify	- At home, farm,	street, fac	ctory, office	•	281. LOC. City	ATION (Street or Yown, State)	and Number	or Rural Rou	ite Number,
COARDI ETEN	T. MICH	anal .	AN: To the best of my knowled On the basis of examination									and manner ee stated.
MINUMIN C	4	296. SIGNATURE AND TITLE OF CERTIFIER.	no.	2			29c. LICENSE N	UMBER 57	/	29d. DATE	SIGNED (A	forgh, Day, Year)
11.6	- 11	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H ATEM 27 (Tone	Dulasti							

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Tygo, Print)

1.

. . . .

4 23 / COLLA 32. REGISTRAR'S SIGNATURE

~ 4

.

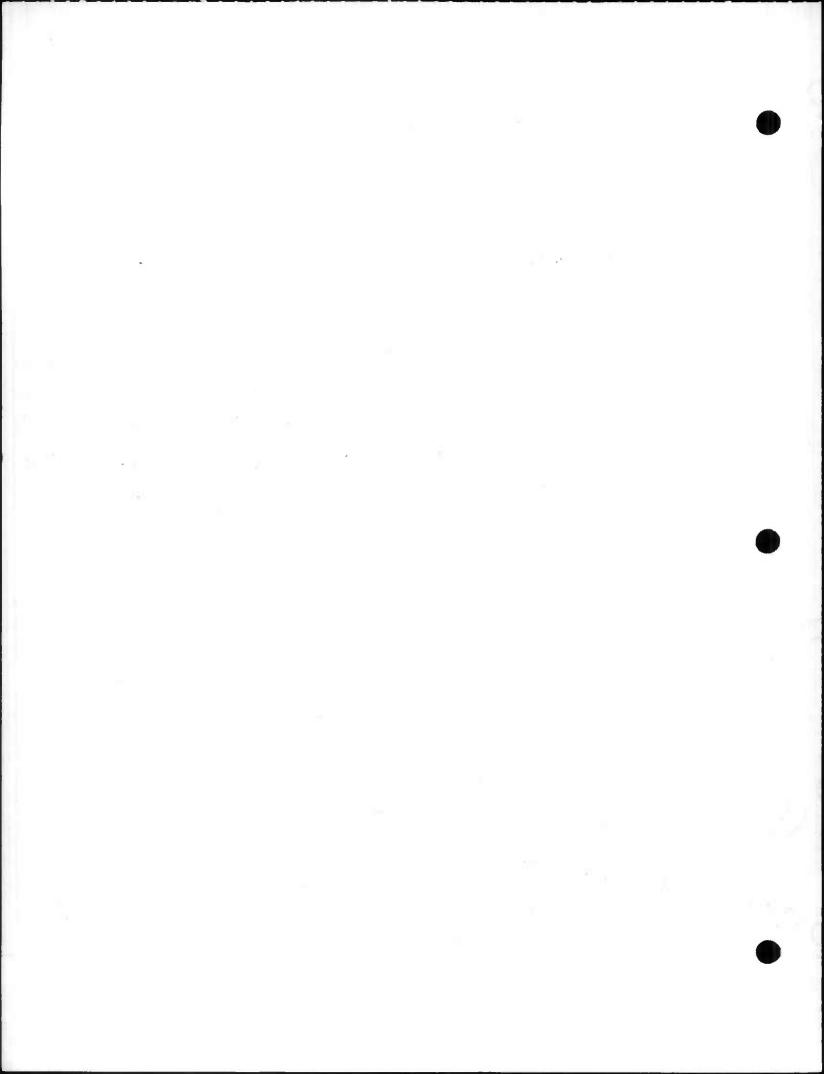
hospital or attending physician. tached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

VIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND	hours after death. Page 6 may be retained by the hosp	ed in by the funeral director, page 5 should be detached, or removal.	medical examiner must be notified at once.	
PIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OF THE PAYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTIANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,	

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIFI	CATE OF	DEATH		REG. NO	-			
1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEATH	
- 1		Asbury	Ma	Maith					Jan 2, 1995			
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF	BIRTH		8. BIRTH	IPLACE (State or Foreign	
- 3	212-20-5761	1 🔀 M 2 🗌 F	69	YRS.	MONTHS DAYS	HOURE MIN.	Dec 2	S Tolar	925	Countr	" Md	
- 1	9a. FACILITY NAME (If not institution, give s	reet and number)		\rightarrow	9b. CITY, TOWN	OR LOCATION OF D		-0, 1		INTY OF D		
H.	4800 Yellowwood		P									
12	RESIDENCE OF DECEDENT	7.17.011.0										
DIRECTOR	10a. STATE Md 10b. COUNTY	,		10c. CITY	TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?	
	110			В	alto						1 YES 2 NO	
AL	10e. STREET AND NUMBER			•	10	f. ZIP CODE			10g. CIT	IZEN OF W	VHAT COUNTRY?	
FUNERAL	4800 YELLOWWOO	D AVE A	PT 401			2121	5		U	SA		
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	IED		ENDENT OF HISPA			or No-	14. RACE	— American Indian,	
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 NO)		ecity Cuban, Maxico 2 y NO Speci		en, etc.)		Spec/	White, atc.	
ВУ	m 3 Wildowed 4 Divorced								Black			
岜	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DEC	EDENT'S U	JSUAL OCCUPATE ork done during me retired.)	ON ost of working	16b. KI	ND OF BUS	SINESS/IN	DUSTRY		
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+	life.									
₽	8TH			PA	INTER							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Mide	fle, Maiden	Sumame)			
BE	JOHN MAITH					MAI	INDA	LA	WSON	V		
2	19s. INFORMANT'S NAME (Type/Print)					and Number or Rural						
-	PURNELL MAITH			7312	LIND	EN AVE	BALTO	M , C	D 23	1206		
	20s. METHOD OF DISPOSITION 1 1 Burlal 2 Cremation 3 Ramo	aval toom State	20b. PLACEA	ND DATEO	F DISPOSITION (N	ame of	DATE	20c. LO	CATION —	City or To	or Town, Stata	
	4 Donation 5 Other (Specify)	THE TOTAL STATE	GARI	(TSO	NFORE	ST VET	1695	OWI	NGS	MIL	LS, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME A	ND ADDRESS OF FA	CILITY					
	Nul 9	my co	1/2			ch F/H W		D. D.	-1+-	Mal	21215	
	23. PART I. Enter the diseases, or c	pmplications that	couped the dea	th Do no	t enter the me	0 Wabas	n Aver	iue b	ditu	, I'IU		
	shock, Dr heapt fellure.	List only one caus	e Dn eech ilne.	50 11	onter the mit	de Di dying, add	ar as cardier	Di Teopi	retory ar	reat,	Approximata interval Batween	
- 1											Onset and Death	
	reculting in death) DUE TO (OR AS A CONSEQUENCE OF):											
		008 10 (OH AS A CONSEC	JENCE OF	:							
CERTIFICATION	Sequentially liet conditions,	DHE TO /	OR AS A CONSEQU	IENCE OF								
ATI	If any, leading to immediate ceuse. Enter UNDERLYING	234 10 (011 AD A 00113E01	DENOC OF								
윤	CAUSE (Disease or Injury thet initieted events	DUE TO (OR AS A CONSECU	JENCE OF								
E	resulting in death) LAST											
빙												
A	PART II. Other aignificent condition	s contributing to	leeth but not re	eulting in	the underlyin	g cause given in	Part i. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
DICAL							1	YES 2			COMPLETION OF CAUSE DF DEATH?	
ME						/				- 1	1 TYES 2 NO	
	DID TOBACCO USE CONTR	RIBUTE TO CAL	JSE OF DEAT	H YES	ON D	UNCERTAI	N 🗆					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE	OF DEATH	(Check only one)							
S	EXAMINER?	HOSPITAL:	ER/Outpatient 3 [OTHER:	e 5 Mesidence	8 Other (S	pecify)				
Ŧ	27. MANNER OF DEATH	28a. DATE OF I	NJURY	28b. TIME	OF 28c, IN.	URY AT	28d. DESCR		NJURY OC	CURED		
	1 Netural 5 Pending	(Month, Da	/, Year)	INJU		YES 2 NO		_				
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF	INJURY — At hom	e, farm, st	reet, factory, offic		281. LOCATIO	ON (Street a	nd Number	r or Rumi R	oute Number	
8	4 Homicide determined	building, e	tc. (Specify)	-			City or T	own, State)		-	000000	
" "	29a. CERTIFIER				W-0 10-10-10-10					.11		
₽ II	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINED											
COMPLET			IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	veatigation	, in my opinion, c	eath occured at the	time, data and	d placa, an	d dua to ti	he cause(s)) and manner as stated,	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	(h.				29c. LICENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)	
2	Junes Lives	7100	<u> </u>			240	71			1-4-	-94	
- 1	30 NAME AND ADDRESS OF PERSON WHO					· /						
	KI KKISHWAN,	MD 821	NIEUT	AW	37 美	305 6	ALTIN	non	EA	ND	21201	
	JAN U 6 1995	32. REGISTRAF	'S SIGNATURE									



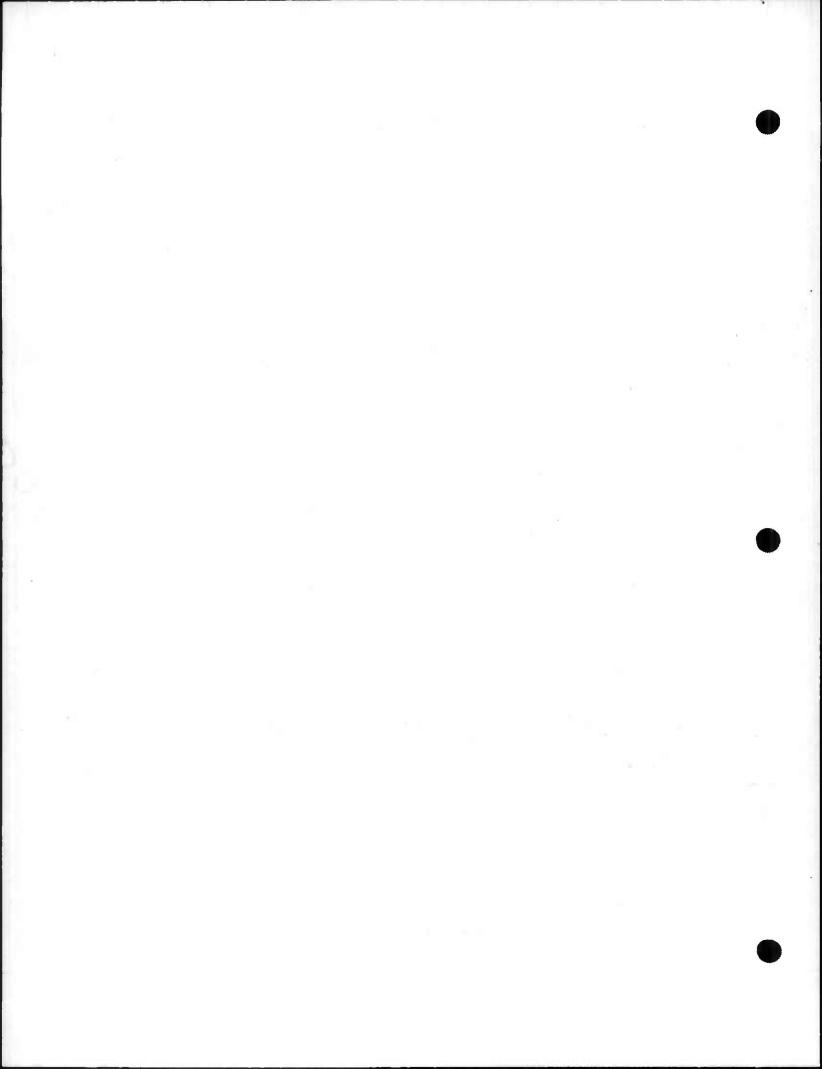
BALTIMORE, MARYLAND 21215-0020	PSIGNAR. The law impuries that the sharth certificate the executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the amending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Direct of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DWISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR AN INDIVISIONAL THE IAM INQUIRES that the shaft certificate be executed within 24	TO THE FUNERAL MECTOR has multicase has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Diept, of Health and Mental Hygiene polor to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

WISIGN OF VITAL RECORDS, P.O. BOX 687

HOSPITA	FUNERAL	Of midding
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1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	-ICATE (OF DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) Antonetta Manera					2. DATE OF DEATH	AY 95	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG		1		01 05		
	035-12-7334	1 🗌 M 2 💢 F	E (In yrs. leet birthday) 86 YRS.	MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) 09-28-08	C	IRTHPLACE (State or Foreign ountry) Ode Island
	Se. FACILITY NAME (If not institution, give str	eet and number)		96. CITY, TO	MN OR LOCATION OF D	EATH	9c. COUNTY C	OF DEATH
DIRECTOR	8201 Londonderry (Court		Lau	rel		Prince	George
Ĭ,	10s. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR L	CATION			10d. INSIDE CITY
	Maryland Princ	ce George	La	urel				1 X YES 2 NO
FUNERAL	8201 Londonderry (Court			20707		10g. CITIZEN O	OF WHAT COUNTRY?
Ę	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED S 2 X NO	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Yea	or No- 14, F	IACE — American Indian, Black, White, etc.
ВУ	3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR	DATES		YES 2 X NO Speci			white
TEC	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S	Work done durin	PATION g most of working	16b. KIND OF BUS	SINESS/INDUSTR	ry .
COMPLETED	Elementary/Secondary (0-12) 6th	College (1-4 or 5 +)	Homemak			Self		
NO.	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Sumeme)	
BE (Frank Lombardo				Marie M			
6	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
-	Carmella Monahan		8201	London	derry Cour	t, Laurel,		
	26e. METHOD OF DISPOSITION 1 General 2 Generation 3 Ramo 4 Donetion 6 General Other (Specify)	vel from State 20	ob. PLACE AND DATE	of DISPOSITIO	N(Name of Bry	1-9-95 Cr	CATION — City o	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	ot. Allii S		E AND ADDRESS OF FA		anston,	K.1.
	Kilch	elvi				Home, Inc		M4 20707
	23. PART i. Enter the disesses, or co	omplications that caus	ed the death. Do	not anter the	mode of dylna, suc	t IIIg Kd. L	ratory arrest.	Approximate
	shock, or heart failura. L	ist only one cause on	each line.					intervsi Between Onset and Death
	disease or condition	Metasta	tic Ren	al C	ell Caro	moma		
		DUE TO (OR AS	A CONSEGUENCE O	OF):				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	DF):				
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	1330 144 3						
	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	OF):				
띩	d.	•		_				
	PART II. Other significant conditions	contributing to death	but not resulting	In the under	ying ceuse given in	Pert i. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS
EDICAL	Hypertensic	m				PERFOR 1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF GEATH?
ME	J.							1 YES 2 NO
Ä	DID TOBACCO USE CONTR	IBUTE TO CAUSE				N 🗆		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	68, PLACE OF DEA	OTHER:				
4	1 YES 2 NO	28a. DATE OF INJURY			INJURY AT			
	1 Natural 5 Pending	(Month, Day, Year)		JURY	WORK?	28d. DESCRIBE HOW II	NJURY OCCURED	,
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJUR	IY — At home, farm,			261, LOCATION (Street a	ind Number or Rui	ral Route Number,
TED	4 Homicide detarmined	building, atc. (Sp	ecrry)			City or Town, State)		
PLE	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my kno	wledge, death occur	red at the time,	ista and placs, and dua	to the cause(s) and man	ner as stated.	
COMPLET								ee(e) and manner ee stated.
w I	296. SIGNATURE AND TITLE OF CERTIFIER	11			29c. LICENSE NUI			NED (Month, Day, Year)
TO B	Hynne a.	Jayne.	MIL),	D5 77	25	D 115	195
-	30. NAME AND ADDRESS OF PERSON WHO LYNE A GOLYNE	COMPLETED CAUSE OF D	Coure	Print	Dr, La	evrel M	0 20	707
	31. DATE FILED (Month, Day, Year)	JEREGISTRAR'S PE			*			



TIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Acuts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGI			
	1. OECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATH 3. TIME OF DEATH				
	Jossie Melao	d Jessie	Smith Mo	cLeod	MONTH 1-3-9	S	YEAR		
	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year		BIRTHPLACE (State or Foreign Country)	
		1 □ M 2 X F 8	YRS.	MONTHS DAVE	HOURS MIN.	10/13/	1907	Scotland	
~	9a. FACILITY NAME (If not institution, give str				R LOCATION OF DE		9c. COUNT	TY OF DEATH	
СТО	Johns Hopkins Bay				more Cit	У			
DIRECTOR	Maryland 106. COUNTY	Baltimore	10c. CITY	TOWN OR LOCAT	Dundalk			10d. INSIDE CITY LIMITS? 1 YES 2 1 NO	
FUNERAL	100. STREET AND NUMBER 703 49th Street	+		101	ZIP CODE	1224		en of what country? ted States	
N.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	IIS ADMED	12 WAS DEC	ENDENT OF HISPAN				
	1 Never Merried 2 Married	FORCES? 1 YES	2 X NO	If yes, spi	cify Cuban, Mexicar 2 X NO Specify.	, Puarto Rican, etc.)	168 OF NO.	4. RACE — American Indian, Black, White, etc.	
BY	\$€XWidowed 4 □ Divorced			1 1 123	z <u>IX</u> NO Specily.			Specify: White	
민	15. DECEDENT'S EDUC (Specify only highest grade of		18a. DECEDENT'S L	ork done during mo.	ON st of working	16b. KINO OF	BUSINESS/INDU	STRY	
E	Etamentary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT use	retired.)		_			
COMPL	High School		Campta	neter Op			iry Com	pany	
	17. FATHER'S NAME (First, Middle, Last) James Steedman				Jessie	ME (First, Middle, Maid	len Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		10h MAILINO	ADDRESS (Charles	nd Number or Rural R				
2	Margaret Hull				eet Dun				
	20a. METHOD OF DISPOSITION	20b.	PLACEANDDATEO			-		ty or Town, Stata	
	1 ☐ Surial 2 ☆ Cremation 3 ☐ Ramo 4 ☐ Donation 5 ☐ Other (Specify)	val from Stata ceme	very cremetory or oth	er place)	orp. 01/	04/95 7	owson.	MD	
	21. SIGNATURE OF FUNERAL SHYWICE LICE			22. NAME AN	O ADDRESS OF FAC	YTUR			
	1-5/11	0						indalk, Inc.	
	23. FART I. Enter the diseeses, or co	omplications that caused	the deeth. Do no	of enter the mo	Wise Ave	• Dunga	LK, Mar	yland 21222	
	ahock, or heart feliure. L	lst only one ceuse on ee	ch line.				opiratory arre	interval Between Onset and Death	
	iMMEDIATE CAUSE (Finei disease or condition		- 1 6.5	111 00					
f	reaulting in death) e	DUE TO (OR AS A	CONSEQUENCE OF):				3 hours	
Z	Sequentially list conditions, our TO (OR AS A CONSCOUENCE OF):								
E I									
2	CAUSE (Disease or injury	DUE TO (OR AS A	d hear 1	t failu	re			12 hours	
CERTIFICATION	tilet illitiation ovoitte							1 10	
E		pulmonai						1 day	
AL	PART II. Other aignificant conditions	contributing to deeth bu	it not reculting in	the underlying	ceuse given in i	Part I. 24e. WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
8	hypertension						2 NO	COMPLETION OF CAUSE OF DEATH?	
ME	/					_ ^		1 - YES 2 NO	
ä	DID TOBACCO USE CONTR				UNCERTAIN				
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	6. PLACE OF DEATH	OTHER:		<u> </u>			
ΥS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpetlant 2 ER/Outpe		7	5 Realdence				
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	IRY WO	RK?	28d. OEŞCRIBE HO	W INJURY OCCU	RED	
B	2 Accident Investigation 3 Suicide a Could not be	28s. PLACE OF INJURY	— At home, form, et	m 1 y		284 LOCATION (Com-	at and Mumber -	0 - 1 0 - 1 N - 1 - 1	
	4 Homicide 8 Could not be	building, etc. (Special	fy)	iout, lactory, office		City or Town, Sti	et and Number of	Rural Route Number,	
9	290. CERTIFIER , X CERTIFYING BUYSIC	TAN: To the heat of my brown.	de de de			tv -			
COMPLETED		EAN: To the best of my knowle t: On the basis of exemination						cause(s) and menner sa stated.	
- 11	29 SIGNATURE NO TITLE OF CERTIFIER			- 3				2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
H	12.006	70 L M	M Phi		29c. LICENSE NUM	3	29d. DATE	StGNEO Month, Day, Year)	
유	00. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, I	Print)	- (5/44	
	thilip C. The	w. John	Neoli -	· Horani	ho an	W. W	12 54	Rell	
	31. DATE FIRETTONIN, TYPO 1005	A PROPERTY SHAPE	WE LE	Mary Miles	104 60	10,00	SIRE DI		
- 11	JAN 00 1333								

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	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
ı	1. DECEDENT'S NAME (First, Middle, Last)		2 DATE OF DEATH

		REGISTRAN		CE	SKITTER	CATE	T DEATH	REG. NO).	
		1. DECEDENT'S NAME (First, Middle, Les R V T 1+ E:		LLE	NS			2. DATE OF DEATH	PAY 199	3. TIME OF DEATH
	i	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. las		IF UNDER 1 YEA		7. DATE OF BIRTN (Month, Day, Year)	8.	BIRTNPLACE (State or Foreign Country) Maryland
pinous		9e. FACILITY NAME (If not institution, give	street and number)	-		9b. CITY, TOW	VN OR LOCATION OF D			Y OF DEATN
2. 3	CTOR	Good Samaritan	Hospital			•	altimore (Sc. COOK!	T OF BEATH
Jes 1.	E C	10e. STATE 10b. COUN			10c. CITY,	TOWN OR LO	CATION			10d. INSIDE CITY
permit. Pages	L DIRE	Maryland 100. STREET AND NUMBER	Baltimore					emere		LIMITS? 1 YES 2 NO
. Ist	FUNERAL	2846 Lodge Fam	1 Road				101. ZIP CODE	1219		n of what country? ted States
215-0020 attending physician. se as the bunal-transit	BY FUR	11. MARITAL STATUS 1 Never Married & Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 N	MED IO	If yes,	DECENDENT OF NISPA, specify Cuben, Mexico		8 or No — 14	RACE — American Indian, Black, White, etc. Specify: White
	日日	15. DECEDENT'S E((Specify only highest gra	SUCATION de completed)	16a. DE	CEDENT'S U	ISUAL OCCUP	ATION most of working	16b. KIND OF BU	ISINESS/INDUS	TRY
	PLET	Elementary/Secondary (0-12) 7 Years	College (1-4 or 5+)	life.	Do NOT use	retired.) S Serv		Hos	pital	
AN the hor detach	COMPL	17. FATNER'S NAME (First, Middle, Last)						ME (First, Middle, Meiden		
2 2 2 K	BE C	Charles M. Minr	ick					nce M. Wol		
MAR retained 5 should notified	TO B	19e. INFORMANT'S NAME (Type/Print)		19b	. MAILING A	ADDRESS (Stre	et end Number or Rural	Route Number, City or Tox	vn, State, Zip Co	ode)
	F	Mr. Herbert H.	Mullens	2	2846 I	Lodge	Farm Road	Edgemere	, MD	21219
MORE, ge 6 may be irrector, page		20e, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE A cemetery, crer Bel 7	MD DATE OF majory or other Air Me		ns. 1/7/1	995 B	el Air	y or Town, State , Maryland
BALTIMORE, after death. Page 6 may be by the funeral director, page smoval.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda—Ruck Funeral Home of D 7922 Wise Ave. Dundalk, MD							oundalk, Inc. 21222	
hours after ad in by the or remova		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate								
		IMMEDIATE CAUSE (Final	1 10 1030							Interval Between Onset and Death
F age 1		disease or condition resulting in daeth)	a. Caroli	- pul	mono	y a	nest			10 min
N 5 5 - 6				DUE TO (OR AS A CONSEQUENCE OF):						1,1
at prid ec	ON	Sequentielly list conditions,	b. Seption Due to on A	S A CONSEO	HIENCE OF					4 days
or t an	CERTIFICATION	If any, laeding to immediate cause. Enter UNDERLYING	· Crohn							4 days
S, P.O. B death certificate attending physiental Hygiene print, or other tr	Ĕ	CAUSE (Disease or Injury thet initieted events	DUE TO (OR A							2 Hars
OS, P.O. I e death certific the attending ph Mental Hygiene ijury, or other	EBI	resulting in death) LAST	d							
the de	2	PART II. Other significent condition	ons contributing to death	h but not re	esuiting in	the underly	/ing ceuse given in	Pert i. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
1 5 g T 20	EDICAL	and the second s	Bup Vin					PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
Sign Sign Heal			F.					1 _ YES 2	; [] NO	OF DEATH?
AL RE law requires been of P Dept. of P	ž Z	DID TOBACCO USE CON	TRIBUTE TO CAUSE	OF DEAT	TH YES	□ NO	UNCERTAIL	 		1 123 2 100
/ITAL RE IN: The law required has been State Dept. of I	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACI		(Check only or	ne)			
CIAN:	YSI	1 TYES 2 THO	1 Pinpetient 2 ER/O		□ DOA 4		lome 5 🗆 Residence	6 Other (Specify)		
I						RY		26d. DESCRIBE NOW	NJURY OCCUR	EO
						Mice	281. LOCATION (Street City or Town, State)		Rural Route Number,	
로 국 전 도	COMPLE		SICIAN: To the best of my known that the best of exeminate the best of exeminate the best of exeminate the best of							euse(s) and manner as atated.
TO THE HOSPI TO THE FUNER DE filed within	w II	29b. SIGNATURE AND TITLE OF CERTIFI	ER O				29c. LICENSE NUI	ABER	29d. DATE SI	IGNED (Month, Day, Year)
5 5 3 2	0 P	N. Mourreddem	, M.D.				P-076	514	> Ja	n 3, 1995
		NASSER _ MOUK	ADDEM, C				GOI LOCH	RAVEN BI	LVD . I	BALT MO
		31. DATE FILED (Month, Day, Year)	REGISTRANIS SIG	GNATURE	el,					2/239

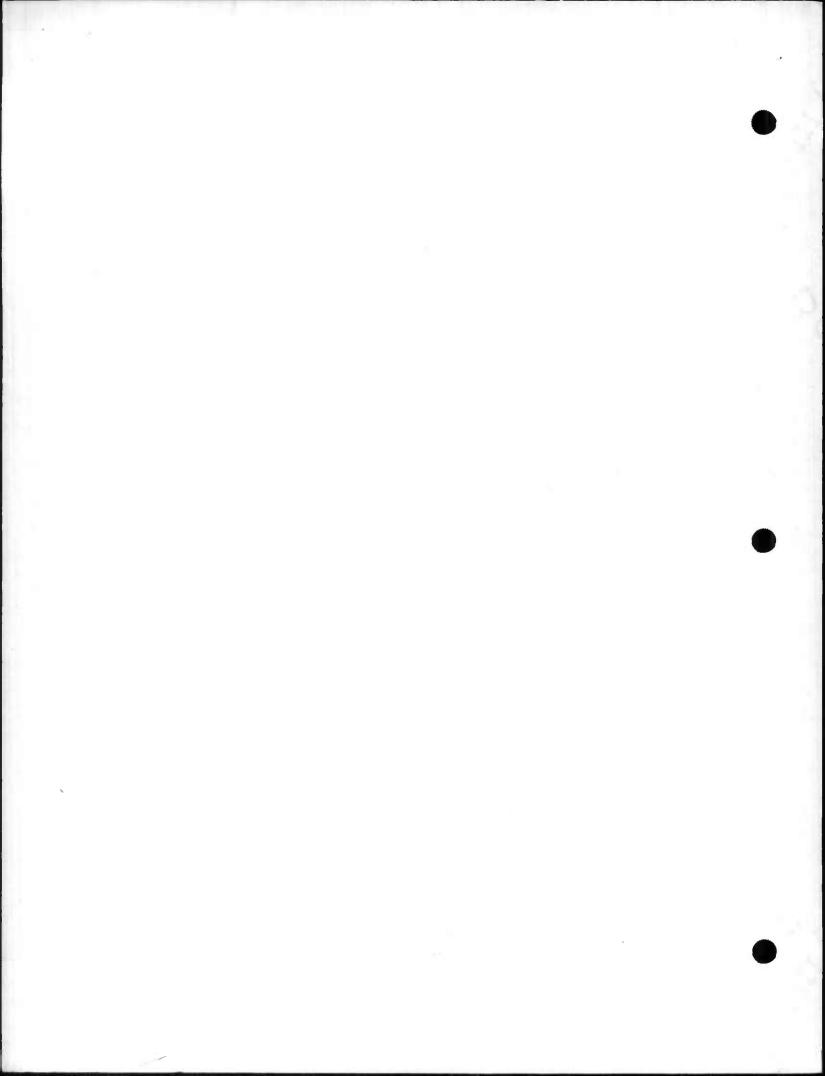
DALLIMORE, MARTLAND 21213-0020	ruted with cours after death. Page 6 may be retained by the hospital or attending physician,	
-	5	
Z C	hospital	
₹	the state	
_	ă	
MAR	retained	
ב,	may be	
)	9	4
Σ	Page	
AL	death.	
٥	after	**
	SUNO	d in h
0000	uted with	Constitution of the first of the state of th

). BOX 68760, rtificate be execu-

BOX 68760, BALTIMORE, MARYLAND 21215-0020	Four solicities that the death certificate be executed with yours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	the case copt. Or regular anymore print to contact the medical examiner must be notified at once.
F VITAL RECORDS, P.O. BOX 68760,	law requires that the death certificate be ex	certificate has been signed by the attending physician and completely filled in by the in-	23 shows any injury, or other traum:
DIVISION OF VITA	PITAL DH ATTENDINE PHYSICIAN: The	ERAL UPECTUR. Any his certificate his	T. If item 26 is marked, or item
	TO THE HOS	TO THE FUN	IMPORTAN

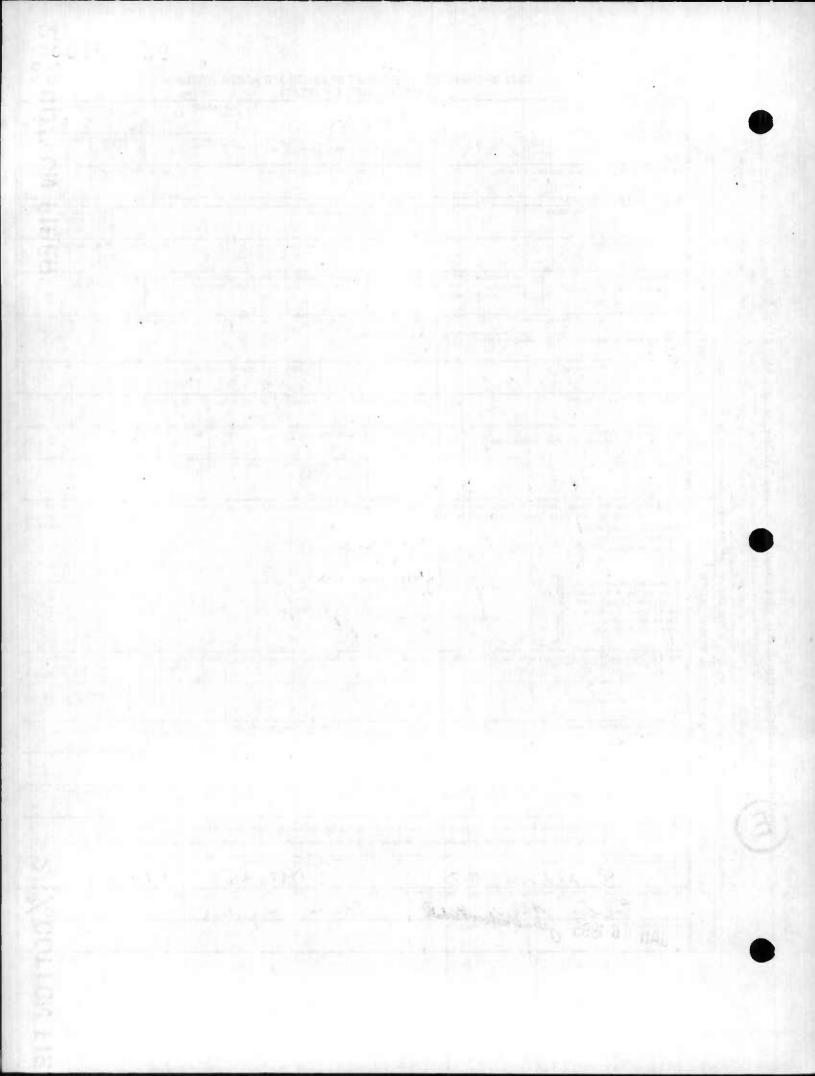
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	D MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			ENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH
	Anna	Mae	Moore		l _T		1995	AR M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		NDER 1 YEAR	IF UNDER 24 HRS.	. DATE OF BIRTH	8. B	HRTHPLACE (State or Foreign
	218-18-1656	1 □ M 2 ☒ F 8	38 YRS. MON	THS DAYS	HOURS MIN.	(Month, Day, Year) Feb 17, 1		Maryland
	9a. FACILITY NAME (If not institution, give st	reet and number)	9b.	CITY, TOWN (R LOCATION OF DEAT		9c. COUNTY	
DIRECTOR	Old Court Nursing	g Home		Ra	ndallstow	n	В	altimore
H H	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY
<u> </u>	Maryland Ba	altimore		Wo	odmoor			1 YES 2X NO
FUNERAL	10a. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
띨	7406 Marston	Road			21207		1	U.S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I			ENDENT OF HISPANIC		a or No- 14, 1	RACE — American Indian, Black, Whita, etc.
ВУ Б	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			elfy Cuban, Maxican, 2 X NO Specify:	Puerto Rican, etc.)		Specify:
								White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S USU. (Give kind of work of	done during mo	ON st of working	16b. KIND OF BU	JSINESS/INDUST	RY
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use reti	red.)		1		
₩.	12 Years		Homem	aker		1		
응	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NAME	(First, Middle, Maider	Sumame)	
H	William	Den				ertha		lton
5	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural Rou			0)
-	Mr. Edward A. Moo	re, Jr.	1719 Wh	ittier	Park Dr.	Valpara	iso, IN	46383
	20s. METHOD OF DISPOSITION 1 September 2 □ Cremation 3 □ Ramo		b. PLACE AND DATE OF DI			1	OCATION - City	
	4 Donation 5 Other (Specify)		Loudon Parl	c Ceme			Ltimore,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			Byers Fu		rootoro	Tno
	> John K K	Luly h						
	23. PART f. Enter the diseases, or o	omplications that cause	d the death. Do not e	nter the mo	iberty Ro	ad Namua.	iratory arrest.	, MD 21133
	ahock, or heart failure.	List only one cause on e	each line.			-		intarval Between
	IMMEDIATE CAUSE (Final disease or condition	Cons	estine	40	217	Fall	ue	Onset and Destin
	reaulting in death) a. Due to (see as a consequence of)							
-	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Orgestive Heart Failure DUE TO (OH AS A CONSEQUENCE OF): Sequentially, liet condition b. Mitrol Valve requiritation							
0	Sequentially list conditions, if any, lesding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):		/			
CERTIFICATION	cause. Enter UNDERLYING							
画	CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS /	A CONSEQUENCE OF):					
ᇤ	resulting in death) LAST	d.						
	SART II OIL - I - III - III							
ᇫ	PART II. Other significant condition	s contributing to death b	out not reaulting in th	e underlyln	g cause given in Pa	PERFO	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC						_ 1 _ YES	2 1 NO	COMPLETION DF CAUSE OF DEATH?
E						_		1 _ YES 2 _ NO
ä	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF E	EATH '	YES 🔲 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATN (Check	only one)		
Š	1 - YES 2 - NO	1 Inpetient 2 ER/Out		HER: Nursing Hom	e 5 🗆 Realdenca 8	Other (Specily)		
표	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ	URY AT 2	ed. DEŞCRIBE HOW	INJURY OCCURE	0
ВУ	1 Netural 5 Pending 2 Accident Investigation	, , , , , , , , , , , , , , , , , , , ,			rES 2 NO			
ED	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spe-	/ — Al home, ferm, street	, factory, offic	2	8f. LOCATION (Street City or Town, State		ural Route Number,
H	4 Homicide determined					Ony or hown, orace	,	
COMPLET	290. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of my know	rledge, death occurred at	the time, date	and place, and due to	the cause(a) and me	nner se stated	
\ <u>\times</u>		R: On the beele of axamination						use(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBE			
8	LEPTA	all	2	T I		HT .		NED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OR	ATH (ITEM 27) (Some Shire	1	D20964		Janu	ary 5, 1995
					/o11 n-	J_ 11	100 04	122
	31. DATE FILED (Month Day Wast)	32 RECUETRADISTO	o Tiperty F	ıaza l	wall Rand	allstown	, MD 21	133
	Jerome H. Ginsberg 31. DATE FILED (Month, Day, Year) IAN U 6 1995	va diamental	CONTRACT OF STREET					
	JAN OU 1333							



BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the Chair and Mental Hunisan prior in hurial premation or remain	medical examiner must be notified at once.
PIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HON-TIME CANTILLIAM PHYSICIAN: The law requires that the death certificate be executed with	TO THE FINE TO THE CONTROL OF THE CHIS CENTIFICATE has been signed by the attending physician and completely filled in by the last hand and the control of t	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HI		MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Last)		lisa			2. DATE OF DEATH MONTH	DAY YEAR	3. TIME OF DEATN
	Geneviève			SZKow	SKI		1 95	5:30 P M
	4. SOCIAL SECURITY NUMBER 215-07-2227A	5. SEX 6. AGE (IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 2-2-13	Cour	INPLACE (State or Foreign ntry) RYLAND
OR	90. FACILITY NAME (II not institution, give s CHURCH HOSPITAL			SE CITY, TOWN OF		EATN	9c. COUNTY OF	
ן בַן	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	ν	100 CITY	TOWN OR LOCATION	ON		*	Land more over
DIRECTOR	MARYLAND			TIMORE				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	2539 FLEET ST.			101.	1224		1/100	SA
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe		NIC ORIGIN? (Specify Yearn, Puarto Rican, atc.) fy:	Spe	CE — American Indian, ck, Whita, etc. ICIV: HITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEOENT'S U	ISUAL OCCUPATION	N t of working	16b. KINO OF BI	USINESS/INDUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	retired.)	or working	1000		
MP	12 YEARS		SEAMST	RESS			T WORKE	RS
	17. FATNER'S NAME (First, Middle, Last)	VCZKONCKI				AME (First, Middle, Maide		
BE	STANISLAUS MY 190, INFORMANT'S NAME (Type/Print)	YSZKOWSKI	Last Manuae a			INE LITE		
5	MRS. CAROLYN W	IDITZ	037/1 D	ADDRESS (Street an	DIZ DDT	Aoute Number, City or To	wn, State, Zip Code)	
	20a. METHOD OF DISPOSITION		PLACE AND DATE OF				OCATION City or	Y, MD
	1 X Burial 2 Cremation 3 Rem 4 Dogation 5 Other (Specify)	coval from State	etery, crematory or other STANI	SLAUS	CEM.	1-7 BAI	LTO. MD	
	MULE K WILL	zacowski	,	KACZO		FUNERAL ST. BALT		21224
	23. PART I. Enter the diseases, or	complications that caused	the death. Do no	ot enter the mod	ie of dying, suc	ch as cardiac or real	piratory arrest,	Approximata
	IMMEDIATE CAUSE (Finel	Siet Only One Cause On a	ocii mia.					interval Between Onset and Daeth
	disease or condition resulting in death)	a	Sep-	sis				
		DUE TO (OR AS A	CONSEQUENCE OF)	•				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	nonia				
FICA	cause, Enter UNDERLYING CAUSE (Disease or Injury thet initiated eventa	cDUE TO (OR AS A	CONSEQUENCE OF	:				
RTI	resulting in death) LAST	d	,					
	PART II. Other algnificant condition	a contributing to death b	ut not resulting in	the underlying	course observan in	Part I. 24s. WAS A	u autropey La	b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL		a contributing to destil b	at not resulting in	tale underlying	Cause given in	PERFO	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME								1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	1		26 DI 4	ACE OF DEATH (CA	and and and		
Sic	EXAMINER?	HOSPITAL: 10 Inpetient 2 ER/Outp	entires 2 DOs	OTHER:				H M I H I I
H	27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TIME			8 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCURED	
4	Natural 5 Pending Investigation	(Month, Day, Year)	INJU	RY WOR	ES 2 NO			
COMPLETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spec	At home, farm, str	reet, factory, office		281. LOCATION (Street City or Town, State		Route Number,
E	29a. CERTIFIER 1 CERTIFYING PNYSI	ICIAN: To the best of my know	lades, death programed	Let the time date of	and place and de			
OMF		ER: On the basis of axemination						(a) and menner ea stated.
ECC	29b. SIGNATURE AND TITLE OF CERTIFIED				29c. LICENSE NU			D (Month, Day, Year)
TO BE		boud, M.D			D432	35	1/4	195.
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, F	Churc	4 1-10	Saital		
	31. DATE FILED (16 1995)	U-4 SP REGISTION'S BIGN	ATURE			7		



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAI	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	4.3.0)		2. DATE	OF DEATH	YE	AR	IME OF DEATH
	4. SOCIAL SECURITY NUMBER	- /	. W70r			01	-	95	,	9:15A-H.
	215-24-3219			UNDER 1 YEAR	HOURS MIN.	(Month	OF BIRTH		Country)	E (State or Foreign
	9a. FACILITY NAME (If not institution, give s			CITY, TOWN C	R LOCATION OF D		/3//	9c. COUNTY	OF DEATH	
OB	JOHNS HOPKING	GER CTI	<u>ن</u> ا	Ba	ltimore	3				1
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Y	19c. CITY, TO	WN OR LOCAT					104	INSIDE CITY
	MD Bal	timore	Т11	rners	Statio	on			-	LIMITS?
AL	10e. STREET AND NUMBER		1 200		ZIP CODE	OII		10g. CITIZEN		
FUNERAL	611 N. Avondal				2122	2			USA	A
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR D	22 \(\text{WO} \)	If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxica XXNO Specif	in, Puerto F			Black, Whi	merican Indian, ta, etc. 31ack
ETED	15. DECEDENT'S EDUI (Specify only highest grade		16a. DECEDENT'S USU (Give kind of work	AL OCCUPATION	ON of warding	16b.	KIND OF BUSI	NESS/INDUST	RY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use ret	ired.)	st or working				- 1	
COMPL	17. FATHER'S NAME (First, Middle, Last)		Nurse	Alde					dica	1 Center
	Bailey Walker				Corde:			,		
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	PRESS (Street a	nd Number or Rural				le)	
۲	Bessie Holmes	Powel1	4319	Elder	on Ave	. Ba	lto.,	MD	2121	5
	20a METHOD OF DISPOSITION 14 Burlel 2 Cremation 3 Rem	oval from State CSC	PLACE AND DATE OF DE	SPOSITION (Na	me of	DATE		ATION — City	or Town, S	tata
1	4 Donation 8 Other (Specify)	K	nevery, crematory or other p ing Memo		Park ID ADDRESS OF FA	1/	7 Woo	odlaw	n, M	(D
	James	a Morte		Jam		fort	on & S Street	Sons Bal	Fune	eral Home
	23. PART I. Enter the diseases, or canock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ARDIA	d the death. Do not elect line. ARRH A CONSEQUENCE OF):			h as card	lac or reapire	story arrest,		Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	2 YSTEMI	CONSEQUENCE OF):		LENS	13				
MEDICAL	PART II. Other aignificant condition HYPERTENSIA	a contributing to death b	out not reaulting in th	e underlying	cause given in	Part i.	24e. WAS AN AI PERFORM 1 YES 2	ED?	COMI OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
	DID TOBACCO USE CONTI	RIBUTE TO CAUSE C	F DEATH YES	□ NO [UNCERTAIL	N 🗆		- 1		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C	heck only one) HER:				•		
PHYSICIAN:	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outs	petiant 3 DOA 4)	(Nursing Hom	e 5 🗆 Raaldenca					
	Natural 5 Pending	(Month, Day, Year)	28b, TIME OF INJURY	WO	PK? PK? PES 2 NO	28d. DEŞ	CRIBE HOW INJ	URY OCCURE	D	
בר פ	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY building, etc. (Spec	/ — At home, farm, street			28t. LOCA City o	ATION (Street and or Town, State)	d Number or R	ural Route I	Number,
OMPLE		ICIAN: To the best of my know							use(a) and	menner as stated.
0 00 0	29b. SIGNATURE AND TITLE OF CERTIFIER	E N			29c. LICENSE NUI	MBER +7	23	29d, DATE SIG	INED (Mont	th, Day, Year)
=	30. NAME AND ADDRESS OF PASON WHO	zenough	711 05	55	1051ton	han	s Z =	30,10	·	Cred-
	JAN 0 6 1995	JULA PROISTOAN'S BIRT	ATURE							

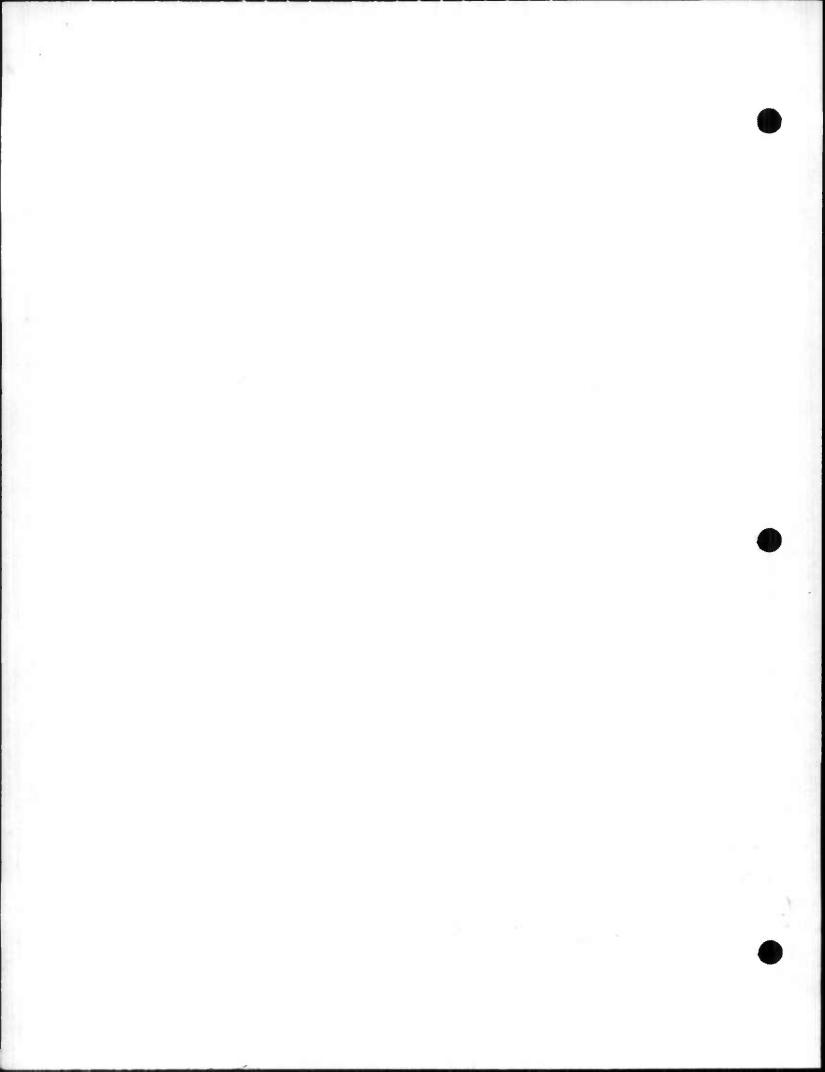
utal or attending physician. d for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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I. OH ALLENDING PHISICIAN: THE LAW REQUIRES THAT THE DEATH CETTINGTE DE EXECUTED WITHIN 24 HOURS ATHE DEATH. PAGE 6 MAY DE DIGITIED BY THE HOSPI	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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E L	tor, p		nst
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death.	e funera	J.	exami
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OULS	U. P	or re	med
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MICHIE	npletel	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,
Cued	3 con	urial,	ic e
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TE ISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
NT'S NAME (First, Middle, Lest)		2. DATE OF DEATH
ver T. Neal	Jr.	Jan. 4,199

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)			DATE OF	DEATH	2. DATE	OF DEATH		T	3. TIME OF DEAT	TH
	Grover T. Neal	Jr.				Jan	H D	995	YEAR	9:20	ам
			yrs. lest birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	T	. BIRTHE	PLACE (State or Fo	
	383-26-1455 9a. FACILITY NAME (If not institution, give stre-	1 € M 2 □ F 66	YRS.	ONTHS DAYS	HOURS MIN.		.7,19	28	Mic	higan	
TOR	1179 Gum Botto				sville			9c. COUNT		nne Ar	und
DIRECTOR	10a, STATE 10b, COUNTY	Arundel	Cro	TOWN OR LOCAT	le				- 1	10d. INSIDE CITY LIMITS?	
AL	10e. STREET AND NUMBER			101	. ZIP CODE			10g. CITIZE		HAT COUNTRY?	
ER	1179 Gum Bottom	Road		2	1032			US	7\		
BY FUNERAL		12. WAS DECEDENT EVER IN 1 FORCES? 1 TY YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DEC	ENDENT OF HISPA ecify Cuban, Maxic 2 ND Speci	an, Puerto F	? (Specity Yes Rican, etc.)		4. RACE Black,	- American India White, etc. White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION mpleted) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during mo	ON st of working	16b.	KIND OF BUS	INESS/INDU	STRY		
립	12 1	30,000	Brick	mason			Co	nstr	uct	ion	- 1
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, A	Aiddle, Maiden	Surname)			
BE	Grover T. Neal	Sr.			Helen	a A.	Rode	r			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural	Route Numb	er, City or Town	n, State, Zip C	ode)		
임	Edna M. Neal		1179	Gum Bo	ttom R	oad,	Crow	nsvi	lle	, MD21	032
	20a. METHOD OF DISPOSITION 1	al from State 20b. P	PLACE AND DATE OF STATE OF COMMENT OF STATE OF S	DISPOSITION (Na	al Cem	DATE	7 Mil	CATION - CH	ly or Tow	n, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICES	ISEE ///		22. NAME AN	ID ADDRESS OF FA	ACILITY				IC, ND	_
	· Oatrik H	and &		12 Ri	sty Fu dgely i	Ave.	Anna	polis	s. 1	MD 214	01
	23. PART i. Enter the disease, or cor shock, or heart failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused to st only one cause on sec	ch line.	enter the mo	da of dying, suc	ch aa cerd	llac or reapl	ratory arres	nt,	Approximi Interval B Onset and	etween I Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initioted events resulting in death) LAST	DUE TO (OR AS A C									
MEDICAL	PART II. Other eignificant conditions	contributing to deeth but	not resulting in	the underlying	ceuea given in	Part I.	24e. WAS AN PERFOR	MED?		WERE AUTOPSY FI MAILABLE PRIOR COMPLETION OF C OF DEATH?	TO
	DID TOBACCO USE CONTRIB	RIITE TO CALISE OF	DEATH VEC	EMO E	LINICEDTAN					T YES 2 F	10
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEATH		UNCERTAI	и Ц					
200		IOSPITAL:	0	THER:	/						
Ë	27. MANNER OF DEATH	26s. DATE OF INJURY	28b. TIME 0		5 Thesidence		(Specify) CRIBE HOW IN	I II IBV OCCIII	neo.		
Ξ	1 Antural 5 Pending	(Month, Day, Year)	INJUR	Y WO	ES 2 NO	200. 063	CRIBE HOW IF	JUHY OCCU	RED		
8	2 Accident investigation 3 Suicida a Could and be	26a. PLACE DF INJURY -	At home, farm, stre			281 LOCA	ATION (Street a	nd Number or	Dural Do	uto Alumbar	-
	3 Suicide 8 Could not be determined	building, etc. (Specify,)	11.11.11.11.11.11.11.11.11.11.11.11.11.		City o	or Town, State)	no ivamber or	rioral rio	ute Nanoet,	- 5
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	N: To the best of my knowled On the besis of examination a	ige, death occurred a	in my opinion d	and place, and due	to the ceu	se(s) and men	ner se stated.			
				at my opinion, di			and place, and	due to the c	ause(a)	and menner as st	ated.
崩	296. SIGNATURE AND TITLE OF CERTIFIER	fell on	Λ		29c. LICENSE NUI					Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO C	1-00		inth	D26.	223		-		175	
	Robert M. Good	enfield, w.	D 13:		5 cloves	i Is	(RS	Au-	rep.	les, and	
	JAN 0 6 1995	32 MEGISTRAR'S CONA	H								



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical anaminer must be notified at once. noun are earth. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

FOR		STATE OF MARYLAND	/ DEPARTMENT OF HEALTH AND MENTAL	HYCIENE
cem#1	Per F.	H. FILM#/19 UI	/U6/95 R.M.	

	1 - STATE REGISTRAR	C		ICATE OF		REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last) NICH	HOLAS	RAA	AB		2. DATE OF DEATH		YEAR	3. TIME OF DEATH 6:20 am
	4. SOCIAL SECURITY NUMBER 5. 216 - 03 - 90 75 1	SEX 8. AGE (In yrs. Id	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APRIL 21,	1916	8. BIRTHI Country	PLACE (State or Foreign
FOR	9. FACILITY NAME (If not institution, give street Saint Joseph Hospits	and number)			R LOCATION OF DIVISION, Mar			Baltin	
DIRECTOR	100. STATE 10b. COUNTY MARYLAND BALTI	MORE CO.		Y, TOWN OR LOCA					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3907 PUTTY A	HLL AVE.		10	ZIP CODE	6			HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 F IF YES, GIVE WAR OR DATES	RMED NO	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No—	14. RACE Bleck, Specify	- American indien, White, etc.
COMPLETED	15. DECEDENT'S EDUCATH (Specify only highest grade com Elementary(Secondary (0-12)	noleted) ((ECEDENT'S Give kind of vie. Do NOT us	USUAL OCCUPATION WORK done during mote retired.) BIND	st of working	16b. KIND OF BUS	SINESS/INC	DUSTRY	4178
BE COM	17. FATHER'S NAME (First, Middle, Last) ANTONE UNKNOW	WN RAAB			18. MOTHER'S NA	ME (First, Middle, Meiden PINE SU	Surneme)	VNE	BECK
TOB	190. INFORMANT'S NAME (Type/Print) ETHEL ROSE RA	AB "	96. MAILING 3 <i>90</i>	ADDRESS (Street of PUT)	nd Number or Rural	Route Number, City or Tow.	n, State, Zip.	Code)	10.21236
	20s_METHOD OF DISPOSITION 1	from State conjerver	AND DATE OF	of DISPOSITION (Ne	n.	1-06 PA	CATION - EKV	City or Tow	State MD,
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Pair mod	1477	EVA	HO A GORESS OF THE	EFORD R	SH	BARI	VILLE, MD
	IMMEDIATE CAUSE (Final	plications that caused the d only one cause on sech lin MYOCARDIAL IN OUE TO (OR AS A CONSE	e. FARCI	TON	de of dying, auc	h as cerdiac or reepi	ratory are	reet,	Approximate interval Between Onset and Death IMMED.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa reculting in deeth) LAST	OUE TO (OR AS A CONSE	OUENCE OF	7):					
DICAL	PART II. Other eignificent conditions of ARTERIOSCLEROTIC DIABETES MELLITUS	CARDIOVASCUL	AR DIS	EASE	ceuee given in	Part I. 24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEI	DID TOBACCO USE CONTRIB	26. PLA		H (Check only one)	UNCERTAII	V 🗆			
YSI	1 □ YES 2 Ž\NO	SPITAL: Unpatient 2 ER/Outpatient :	3 🗆 DOA	OTHER: 4 Nursing Hom	a 5 🗆 Residenca	6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIMI INJ	URY WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW II	NJURY OC	CURED	
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, a	street, lectory, offic		281. LOCATION (Street e City or Town, State)	nd Number	or Rural Ro	ute Number,
COMPLET		i: To the best of my knowledge, do							and menner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	P melto	TY.	10	29c. LICENSE NUI		29d. DATI	E SIGNEO	Month, Day, Year)
Ĕ	30 JOGIN PERSON PERSON WHO SO	MPLETED CAUSE OF OEATH (ITE	K AD	TOWS	ON, MD. 21	204	-	,	
	31. DATE FILA NORTH 18 1995	A CHARLES SIGNATURE	**			_			

ITEMS: 23 PART I, 27, PER MEO FILM G-719 1/31/95 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH KEONA ROGERS JAN.04,1995 08:51 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 1994 8. BIRTHPLACE (St IF UNDER 24 HRS. 7. DATE OF BIRTH yland 1 M 2 X F Mar November 25, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNIVERSITY HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN, OR LOCATION 10d. INSIDE CITY Maryland Ba imor 1 XYES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 314 West Ba funeral director, page 5 should be detached for use as the burial-transit Timore 21223 retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If was specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Maxican, Puerto Ri
1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: Black BY 3 Widowed 4 Divorced ETED. 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only his College (1-4 or 5+) COMPL 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surnam thon Kea te Patrice Nicole BE notified 19a INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or 21225 2 tatrice Garret Nico WEST Baltimore Street Marylan Himore, hours after death. Page 6 may be 9 20a. METHOD OF DISPOSITION

1 M Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must cemetery, crematory or other place) Lansdowne, Mary land 11-7-99 4 ☐ Donation 5 ☐ Other (Specify) ZION CEMETER medicai examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY NAME 3405 W. Fr. Baltimore street Franklin alleys Maryland 21229 the attending physician and completely filled in by the it Mental Hygiene prior to burial, cremation, or removal. 23. PART I. Enjoy the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata ck, or heert fellure. List only one ceuse on each line. Interval Betwe IMMEDIATE CAUSE (Fine) **Onset and Death** the disease or condition SUDDEN INFANT DEATH SYNDROME resulting in death) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate the death certificate be cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuae given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS n signed by the Health and It AVAILABLE PRIOR TO COMPLETION OF CAUSE any YES 2 NO OF DEATH? Shows 1 | YES 2 | NO been s DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO UNCERTAIN I PHYSICIAN: DR ATTENDING PHYSICIAN: The law has b 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) certificate of the State HOSPITAL OTHER: 1 X YES 2 NO 1 Inpatient 3 XER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c, INJURY AT WORK? marked, 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED this 1 XX Natural M 1 YES 2 NO After death ВУ 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 60 ETED. 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be DIRECTOR: / 4 Homicide 58 determined Hem 29a. CERTIFIER COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. THE HOSPITAL I THE FUNERAL (filed within 72 h TO THE HOSPITAL.

TO THE FUNERAL (

be filed within 72 h

IMPORTANT: If it MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE OCME JAN.05, 1995 2 NAME AND ADDRESS OF COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) on 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Mo 62 REGISTRAR'S SIGN

2

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART				YGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) NELLE MARI		RANDOLF	'H		2. DATE OF MONTH	DEATH DARY	2,199	5 LO	TIME OF E	
	4. SOCIAL SECURITY NUMBER 224-07-7043	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De	BIRTH	8.	BIRTHPLA Country)		or Foreign
OR B	98. FACILITY NAME (# not institution, give NORTH ARUNDEL		1		OR LOCATION OF D N BURNIE			A N N	OF DEAT	UND	EL
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MARYLAND AN	NE ARUNDEI		TOWN OR LOCAL						INSIDE (
FUNERAL	100. STREET AND NUMBER 22 THOMAS ROAI)		10	N. ZIP CODE 21061.			10g. CITIZEI			
В	11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s	CENDENT OF HISPA pacify Cuban, Mexico S X NO Specif	an, Puerto Rica	specify Yes o	r No- 14	Specify:W	American hita, etc.	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use SALES	rk done during m retired.)	ION ost of working		OF BUSIN			PAN	Y
BE COM	17. FATHER'S NAME (First, Middle, Lest)	OBLEY			16. MOTHER'S NA	ME (First, Midd BE		mame) (I	JNKN	10MN	1)
10	19e. INFORMANT'S NAME (Type/Print) MARGARET HARR		466 YO	RKSHIR	end Number or Rural E DRIVE	Route Number, 0	ERNA	State, Zip Co PAR	K, N	1D.	21146
	20. METHOD OF DISPOSITION 1 & Buriel 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	rioval from State	PLACE AND DATE OF	ΉΆVEN	CEMĒTĔ		SILVI		PRIN	G, M	D.
	· 114	toath		1 SEC	OND AV BURNIE	ENUE, MAR	S.W.	D 210	061	ERA	J HOM
RTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Juliet only one cause on e	A CONSEQUENCE OF:	t enter the mo	Do +	th as cardiec	or reapiral	tory arrest			imata I Between and Death
CERTIFI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS, a	CONSEQUENCE OF:		jesus	-/)					
MEDICAL	PART II. Other algnificant condition						PERFORME	ED7	AWAI COM OF I	RE AUTOPS ILABLE PRI IPLETION (DEATH? YES 2	OF CAUSE
SICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH			N 🔲 📗					
PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Pinpatient 2 ER/Outp	petient 3 DOA 4	Nursing Hor	JURY AT	6 Other (Sp 28d. DE\$CRII		URY OCCUR	ED		
24	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 🗆	YES 2 NO						
EIED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, atre	et, factory, offic	in a	26f. LOCATIO City or To	N (Street end wn, State)	Number or I	Rural Route	Number,	
OMPLE		ER: On the basis of examination							ause(a) and	l manner a	e stated.
0 0 0	201 BLE RUS	sell M	1		28c. LICENSE NUN	ABER 3	2	P //3	GNED (Mon	nth, Day, Ye	ar)
	Erik L. Kuss	HO COMPLETED CAUCH OF DE	795 1	gud	Rost Ro	1.8	an B	uss	ie M	12	1061
Į	JAN 0 6 1995	32. REDISTRAR'S SIGN	lardall	0))		

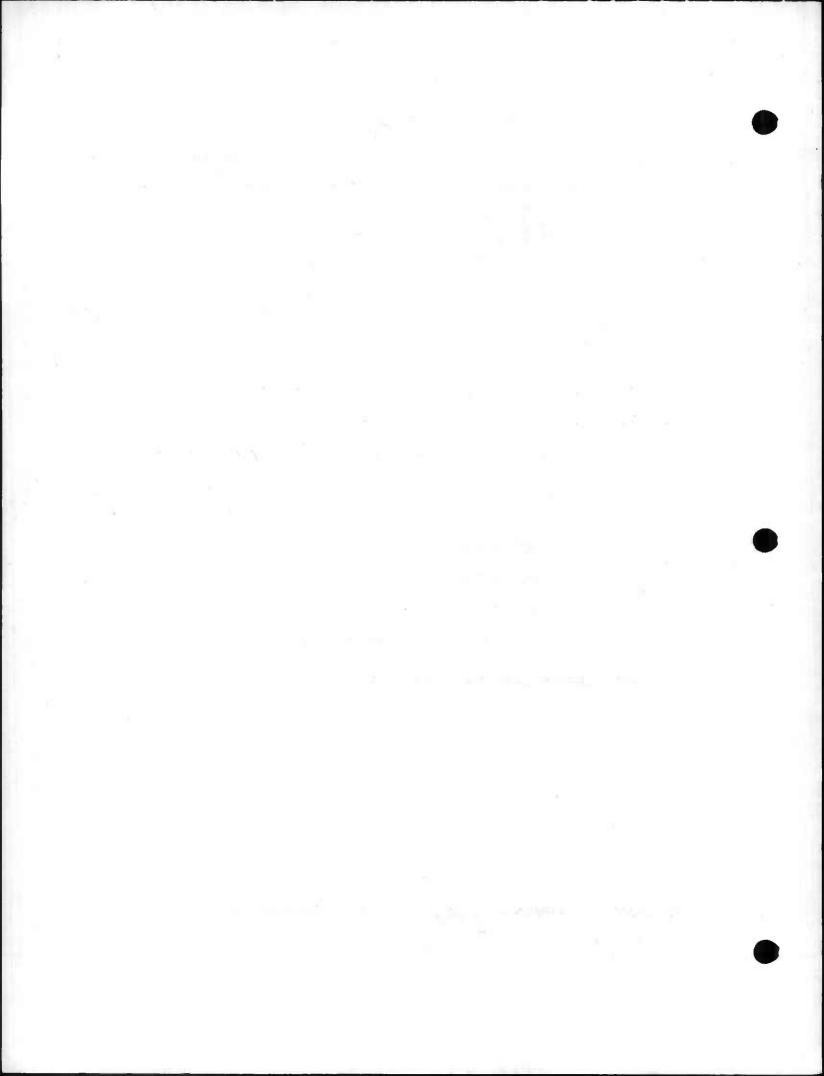
BALTIMORE, MARYLAND 21215-0020	OF ATTENDING THE law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	UNSTORM were this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit.	ment is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	executed with	in and completely filled i to burial, cremation, or	imatic event, the mi
. BO	tificate be	physicia ene prior	ther trac
P.C	eath cer	attending ital Hygis	Y, or 0
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FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

i	1. DECEDENT'S NAME (First, Middle, Las ALYCE	THOMAS		SULI	LIVAN				2. DATE OF	DEATH	995	YEAR	3. TIME OF DEATH 4:00 pm
	4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, Di	ly. Year)	1016	Count	
	217-62-7448 9e. FACILITY NAME (If not institution, give	Δ	78	1110.	at CITY	TOWAL	OR LOCATI	011 05 01	March	1/,1		NTY OF D	w Jersey
OR	Saint Joseph Med						Bon, I					Baltim	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COU	rtv.		40. 017	Y, TOWN O				-				
FUNERAL DIRECTOR		altimore			owso		TION						10d. INSIDE CITY LIMITS? 1 YES 2 TO NO
4	10e. STREET AND NUMBER						. ZIP COD	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
띮	419 Oak La	ne					2128	36			TI	S.A.	
BY FUN	11. MARITAL STATUS t Never Merried 2 Merried 3 Widowed 4 Divorced		IT EVER IN U.S YES 2 MAR OR OATES	K NO	- 1	II yes, sp	CENOENT (OF NISPAI	NIC ORIGIN? (S in, Puerto Rica y:			14. BAC	,
	15. DECEDENT'S E		16a	. DECEOENT'S	USUAL OC	CCUPATI	ON		16b. KH	NO OF BUS	UNESS/IN	OUSTRY	White
COMPLETED	(Specify only highest gri	de completed) College (1-4 or 5	- 1	(Give kind of life, Do NOT u	work done o	during m	ost of worki	ng	100.70		,	00011111	
ᆲ	Lientenary (0-12)	4 yrs.	*)	Но	me M	akeı	_		Ov	vn Ho	me		
§	17. FATHER'S NAME (First, Middle, Last)	-					18. MOT	NER'S NA	ME (First, Midd				
	Edgar W.	Thomas										_	
H	19e. INFORMANT'S NAME (Type/Print)	THOMAS		19b. MAILING	AOORESS	(Street			e Route Number,				
임	Dr. Sullins G. S	ullivan			as				, and the state of	only or norm	r, Otate, Eq	o Godey	
	20s. METHOD OF DISPOSITION	azzz van	1 200 PLA	CEANDDATE			to see		DATE	30c 1 00	CATION —	City or To	out State
- 1	1 □ Buriel 2 □ Cremation 3 □ B 4 □ Donation 5 ◯ Other (Specify) E	movel from State	cemetary	crematory or o	ther place!	Mar	col.		17/05	mil			aryland
- 1	21. BIGNATURE OF FUNERAL SERVICE		Para	ney va	20.1	MARKE &	NO ADDRE	OF AF EA	CH STV				
	· las	1. lan			Ruc	ck 7	'owso	n Fu	neral	Home	, In	c. 10	50 York Road wson,Md.2120
	23. PART I. Enter the diseases shock, or heart faller IMMEDIATE CAUSE (Final	copplications the	caused the	daath. Do line.	not entar	tha me	ode of dy	ing, suc	h as cardiac	or respi	ratory ar	reat,	Approximate interval Between Onset and Death
	disease or condition resulting in daeth)	PERITON											24 hours
z I	Sequentially list conditions,	PERFOR		scous									24hours
ĔI	if any, laading to immediata		(OR AS A CON		F):								
<u> </u> 5	CAUSE (Disesse or injury	CHRONK											6 years
CERTIFICATION	that initiated events resulting in death) LAST		(OR AS A CO		*								
		d.CHRONIC	INTES	STINAL	DESTR		HON						6 years
	PART II. Other algnificant condit	ons contributing to	death but n	ot resulting	in the un	dariyin	g cause	given in	Part I. 24	a. WAS AN	AUTOPSY	246	WERE AUTOPSY FINDINGS
MEDICAL	ARTERIOSCLERO									PERFOR	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28. P	LACE OF D	FATH (Ch	eck only one)				
SIC	EXAMINER? 1 YES 2 NO	HØSPITAL:	FP/Outpetles	2 DOA	OTHER	A:				- 10 h			
Ĭ	27, MANNER OF OEATN	28e. DATE OF		28b. T/A	-		JURY AT	esidencs	6 Other (S)		NJURY OC	CUREO	
BY P	Natural 5 Pending Investigation	(Month, L	Day, Year)	IN.	JURY	W	YES 2	□ NO	250, 52,50			OUNEO	
a I	3 Suicide 8 Could not I 4 Nomicide datermined	28e. PLACE (building.	OF INJURY — A , atc. (Specify)	At home, term,	street, tect	iory, offi	e		261, LOCATIO City or To	ON (Street e own, Stete)	nd Numbe	r or Rural	Route Number,
COMPLETE	and a	/SICIAN: To the best of											a) and menner ee stated.
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BE	296. SIGNATURE AND TITLE OF CERTIF	1. Ref	Ca	rh		-	29E UC	ense nui 272	MILER		29d. DAT	E SHONES	(Mighth Bay Year)
임	30. NAME AND ADDRESS OF PERSON	OF OF DEATH	OTEM OF CT						_				
	BENJAMIN DELCA				ROAL	OT C	WSC	N, M	ARYLAN	D 212	204	1	



ATTHONING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 MVISION OF VITAL RECORDS, P.O. BOX 68760,

marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

1 - FOR STATE OF MARYLAND C

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	HEGISTIAN				ENTIF	TORTE	- 0:	DEA			REG. NO.			
1	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF				3. TIME OF DEATH
ĺ	ARNITA SAL	INDEDC	Arnee	eta I.	Sai	unders				MONTH	2		YEAR	0.05 - 1
- 1	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. le		IF UNDER		IF UNDER	24 HRS.	7. DATE OF	BIRTH			2 - 25 P ' IPLACE (State or Foreign
	216-72-4431		+ X M 2 ⅓ F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D	-190	0	Count	ry)
1					7710.						-190	0		Md
. 1	9e. FACILITY NAME (If not int	stitution, give sti	reet and number)					R LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	DEATH
BI FUNERAL DIRECTOR	St Agnes H		1			Ba	ılto				1			
5	RESIDENCE OF DEC													
4	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?
5	Md				1 8	Balto)							1 X YES 2 NO
4	10e. STREET AND NUMBER						101	. ZIP COD	F			10e CIT	IZEN OF Y	WHAT COUNTRY?
È	404 Poplar	Grove	Street						-				SA	MAI COUNTRIT
		di ove						2122						
2	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED					C ORIGIN? (S		or No-	14. RACI	E — American Indian, k, White, atc.
	1 Never Merried 2 3 XX Widowed 4 Divor		IF YES, GIVE V	MAR OR DATES	110		YES	2XX NO	Specify:	, Puerto Mice	m, etc.)		Spec	"Black
	3/ Wildowed 4 Divol	rcea												DIACK
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	8th	12)	Conlege (1-4 or 5	" Ho	usew	ife								
	17. FATHER'S NAME (First, MI		_							<u> </u>				
<i>5</i>										ME (First, Midd		Sumame)		
3	Clarence H	arris						Ac	la c	lohnso	n			
1	19e, INFORMANT'S NAME (7)			11	D. MAILING	ADDRESS	(Street a	nd Number	or Rural R	oute Number,	City or Town	n, Steta, Zij	Code)	
2	William Co	1e								d Ba				9
			-	20b. PLACE					1100					own, State
	20e, METHOD OF DISPOSITE		val from State	cemeren ce	emptory or p	ther place)	ITION (Na	me or		DATE	1			own, State
	4 Donation 5 Other			_ Mu	Nat r						Lat	ırel,	Md	
Н	21. SIGNATURE OF PURERAL	L SERVICE LICI	ENSEE			22.	NAME AN	D ADDRE	H WE	LITY				
	> / tale	W.	Tonda	٧	_ ,		// 27	00 W	In has	b ////		1.14.		01015
	23. PART I. Enter the di		700-00											21215
	immediate cause (Fin disease or condition resulting in death) Sequentially list condition if any, leeding to immediates. Enter UNDERLY if CAUSE (Disease or injuin that initiated events resulting in death) LAST	ons, dilate NG c	PNEUM DUE TO	(OR AS A CONSE	OUENCE O	F):								16 Days
	PART II. Other significant	ve Hear	rt Failu		resulting	in the un	deriying	ceuse (iven in I		a. WAS AN PERFOR	MED?	246	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	D .	•	isease		CE OF	DEAT	11 14		110	_				1 X YES 2 NO
	Peptic U	lcer D	ONITRIBLITE	TO CALL	3 F I 1 P	I I I I I A I	rı Y	E9	NO	32				
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	DID TOBACCO	USE C	ONTRIBUTE	TO CAU	JL 01		26. PL			ck only one)				
	DID TOBACCO	USE C	HOSPITAL:			OTHER	26. PL	ACE OF D	EATH (Che	ck only one)	necth/1			
	DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER?	USE C	ONTRIBUTE	☐ ER/Outpatient	3 🗆 DOA	OTHER	26. PL R: sing Hom	ACE OF D	EATH (Che	ck only one) Other (S	.,	I filey oo	CIPED	
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	DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 1 2 Accident 3 Suicide 6 6 6 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDIC 29b. SIGNATURE AND TITLE	Pending neestigation Could not be stermined IFYINO PHYSIC CAL EXAMINER	HOSPITAL: 11-1 Inpatient 2 C 28e. DATE OF (Month, D 28e. PLACE O building, IAN: To the best of	ER/Outpstient INJURY lay, Year) FINJURY — At hetc. (Specify) my knowledge, d xaminstion and/or	28b. TIM 28b. TIM IN.	OTHER 4 Num E OF HURY M street, factor and at the ti on, in my on	26. PL	ACE OF D 5	eldence (NO end due end st the t	ck only one) Chonly one Chonly one Chonly one Chy or R Chy or R Chy or R Chy or R	ON (Street e own, State)	ner ee atar d due to th	ted.	e) end menner ee stated,
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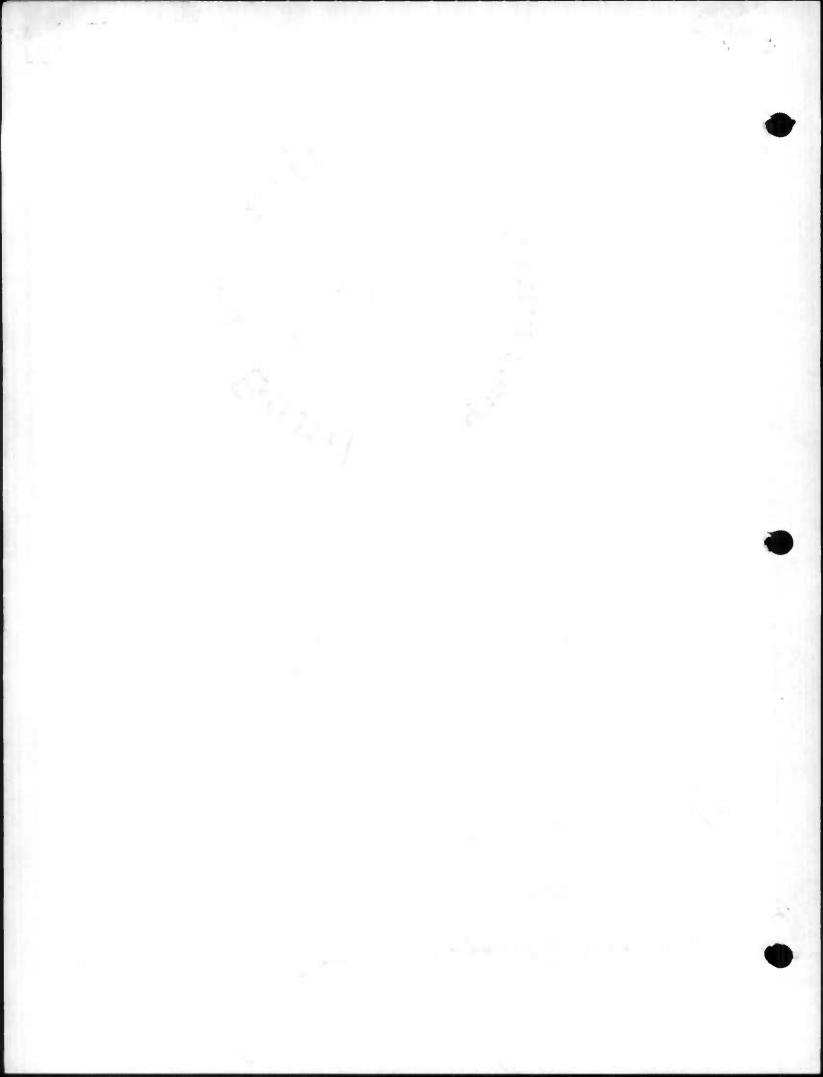
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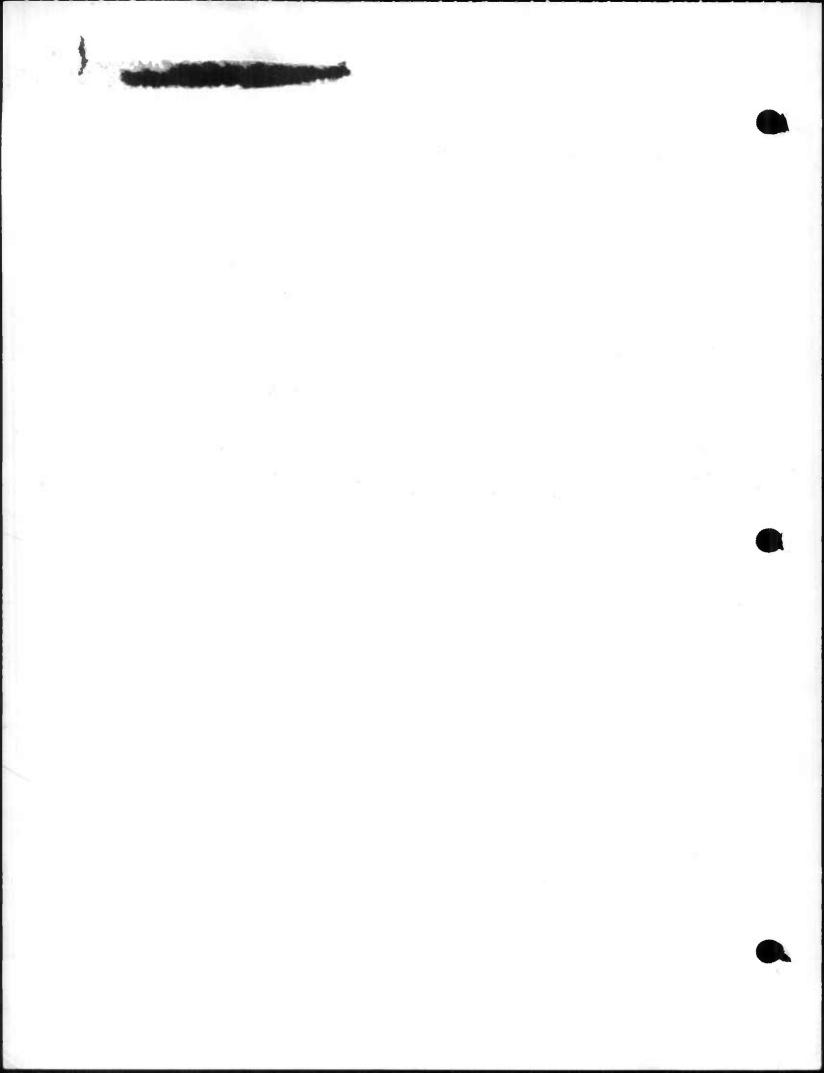
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	1. DECEDENT'S NAME (First,		·	1100	3.1					2. DATE	OF DEATH	Ψ. /	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY HUMBI	S LE	.E O	& AGE (In yrs.	last birthday	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	14	8. BIRTHPL	ACE (State or Foreign
	218-46-7404		1 □ M 2X\\ F	47	YRS.	MONTHS	DAYS	HOURS	MIN.		Dev. Year)	47	Country)	CAROLINA
	9a. FACILITY NAME (# not int					9b. CITY,		OR LOCATION OF DEATH 9c. COUNTY OF DEATH			'H			
TOH	1533 N.	STRIC	KER ST	REET			BAL	TIMO	₹E	CITY			n/a	
DIRECTOR	100. STATE MARYLAND	10b. COUNTY	n/a		10c. CIT	BALTIMORE 10d						d. INSIDE CITY		
	10e. STREET AND NUMBER					101. ZIP CODE 10g. CITIZEN OF WH/						YES 2 NO		
FERAL	1533 N.	STRIC	KER ST	REET				21	217			UNIT	ED S	TATES
BY FUN	11. MARITAL STATUS 1 Never Meiried 2 Married 3 Widowed 4 XXVIvorced 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 VES 2 (7) IF YES, GIVE WAR OR DATES					If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black,						Black, V	American Indian, white, atc. BLACK	
		EDENT'S EDU			DECEDENT'S (Give kind of	work done	CCUPATIO							
PLET	Elementary/Secondary (0		College (1-4 or 5	+)	HOUSE		ING				DOME	STIC		
COMPL	17. FATHER'S NAME (First, M.				110002					Transfer of the same	Aiddle, Maiden			
BE C	WILLIAM		REW ST	YRON					OROT		BOOME			
5	196. INFORMANT'S NAME (7)		N-MAPLE	200	4094	FOL					, SOU			NA 29154
	20s. METHOD OF DISPOSITE XIX Buriel 2 Cremetic 4 Donation 5 Other	n 3 🗆 Rem	noval from State	20b. PLA	ZION		EME		netory or	1-7			INE, M	ARYLAND
i	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	> Le		<u> </u>	0001	rd									AVENUE
	23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a													
z	TO (OR AS A CONSEQUENCE OF): RESIDENCE OF STRUCTURE OF S											minutes		
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Encaphal († > , Toxoplasmosis Z mos											2 mos		
CERTIFICATION	CAUSE (Disease or Influry that Initiated events resulting in death) LAST DUE TO (OR ASIA CONSEQUENCE OF): ACQUITED IMPRING DEFICIENCY SYND VOICE.									Simos				
	PART II. Other algnifica	ent condition	ns contributing t	o death but no	ot resulting	In the u	nderlylr	ng cause	given in	Part I.	24a. WAS AI PERFO		A	VERE AUTOPSY FINDINGS
EDICAL											1 TYES	2 AND	C	OMPLETION OF CAUSE OF DEATH?
Σ														YES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inputent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 286. DATE OF INJURY 226b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED													
HYSI	1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 29b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED													
3	1 Natural 5 Pending (Month, Dey, Year) INJURY WORK? M 1 YES 2 NO													
ED B	2 Accident investigation 3 Suicide 6 Could not be determined 4 Homicide determined						ctory, offi	lce		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			ute Number,	
COMPLE	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER; on the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											and manner as stated.		
ш	294, STONASHINE AND THE LE CENTIFUS							29c. LICENSE NUMBER				29d. DATE SIGNED (Month, Day, Year)		
TO B	DO NAME AND ADDRESS O	OF PERSON W	HO COMPLETED CA	USE OF DEATH	(ITEM 27) (Ter	oe, Print)	_	DC	89	00)		11	1-4.	751
	Robert C. IIwin Wi 828W Enterost. Baltolle 2150)										21561			
	JAN 06 19	95	Maurele	er Randal	6									
\Box	07.77 3 7 10	-			_			_						DHMH. 18 Bey 1/8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR ALBERT SMITH 00 1995 0 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS 91 -4075 Pages 1, 2, 3 should 9n. FACILITY 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH DIRECTOR Tanes RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 NO permit. 100. STREET AND NUMBER FUNERAL 10f, ZIP CODE WHAT COUNTRY? 10g. CITIZEN OF 38 0 After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit or removal. S 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yea, specify Cuban, Maxican, Puerto Rid 1 — YES 2 NO Specify: 1 Never Married specify: Black BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a, DECEDENT'S USUAL OCCUPATION 16b. KING OF BUSINESS/INDUSTRY College (1-4 or 5+) 0 once, 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE 19a. INFORMANT'S NAME (Type 19b. MAILING ADDRESS (Street and Number 2 E 121 ě DATE 20b. PLACE AND DATE OF DISPOSITION (No 20c. LOCATION or Town, State must medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE NAME AND ADDRESS OF FACILITY 2/2/5 F.H.WW. Balto, NU an bida du la 00 1 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Final the disease or condition Depsis reaulting in death) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within or other traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): neumonia PHYSICIAN: MEDICAL CERTIFICATION lwk Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 23 shows any Brain tumor 1 TYES 2 NO OF DEATH? 1 - YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES □ NO □ UNCERTAIN □ 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) or item HOSPITAL: OTHER: 1 TYES 2 NO Inpatient 2 ER/Outpatient 3 -DOA 4 ☐ Nursing Home 5 ☐ Rasidenca 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO BY death 2 Accident 28a. PLACE OF INJURY — At home, tarm, street, tactory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is **ETED** 3 Sulcide 8 Could not be IIRECTOR: after 4 Homictde 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMP (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BB 黑 TO THE MD enouge oh S 95 -2-45530 6 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SIVASALLAM 900 Cator 2122 32 REGISTRAR'S BONATURE 31. DATE FILED (Month, Day, Year) JAN U 6 1995



X 68760, BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-4 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF M			TMENT OF H	IEALTH AND DEATH		HYGIEN REG. NO.		0	00133
	1. DECEDENT'S NAME (First, Middle, Last)	Edward Sylvester			Sweigar	t				3. TIME OF DEATN	
тов	4. SOCIAL SECURITY NUMBER 310-20-4685	5. SEX 6. AGE (In yrs. 1		yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	12/	F BIRTH Day, Year) 18/1924 Ind		Indi	ana
	9a. FACILITY NAME (If not institution, give st 8013 Charlesmon			96. CITY, TOWN O	EATH		arh Dre				
L DIRECTOR	10e. STATE 10b. COUNTY Maryland Baltimore 10e. STREET AND NUMBER			16c. CITY, TOWN OR LOCATION Dundalk							10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	8013 Charlesmont Road 11. MARITAL STATUS 1 Never Married 1 Never Married 2 Married 1 FYES, GIVE WAR OR				13. WAS DEC	101. ZIP CODE 212 13. WAS DECENDENT OF HISPANIC If yes, apecify Cuban, Maxican, F			n, Puerto Rican, etc.) Black		
TED BY	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. D8	WW II 1 _ YES 2 XX Specify: Specify: Specify: ECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY She kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY 1						White	
COMPLETED	8 Years 17. FATNER'S NAME (First, Middle, Last)	College (1-4 or 5 +)	nstr	uction W	orker	ME (Sine Mich			ction	
BE C	Everett Sweigart					N	lot Kno	own			
2	Kathleen Libkey					nd Number or Rural stian Ct					009
	20a, METHOD OF DISPOSITION 1 Department of Disposition 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Community Community or Other Class) 20b. PLACE AND DATE OF DISPOSITION (Name of Community Commun										
	22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, MD 21222										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
	d. PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO AMAILABLE PRIOR TO										
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
BY PHYS	27. MANNER OF DEATN 1 M Netural 5 Pending (Month, Dey, Year) 2 Accident Investigation			28b, TIME OF 28c, INJURY AT WORK? 1 YES 2 NO			28d. DESCRIBE NOW INJURY OCCURED				
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE Of building,	F INJURY — At ho atc. (Specify)	At home, farm, street, factory, offica			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 2 CERTIFYING PNYSIC 2 MEDICAL EXAMINER										and manner as stated.
TO BE C	Sun SIGNATURE AND TITLE OF CERTIFIER	heliko	1 Care	leal	ajur	29c. LICENSE NUI	BER 36 L	la.	29d. DAT	E SIGNED ()	Month, Day, Year)
	SHE DON HE GOT	COMPLETED CAUS				Ano V	400f	741 10	111	0 7	122 X

1 22 22 . . . ITEM: 22, per F.H. G-719 1/6/95 reb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 95 LUKE SOTOS JAN 03 1:15 P.M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 🖾 M 2 🗌 F 11-11-31 63 YRS. 212-32-5634 Greece Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNIVERSITY S.T.U. BALTIMORE CITY 10a. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY Maryland Baltimore permit. 1 🖾 YES 2 🗌 NO FUNERAL 10e, STREET AND NUMBER 101. ZIP CODE 10o. CITIZEN OF WHAT COUNTRY? 3026 St. Paul St. completely filled in by the funeral director, page 5 should be detached for use as the burial-transit 21218 Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 ND IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT DF HISPANIC DRIGIN? (Specify Yee or No-tf yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, 1 ☐ YES 2 ☒ NO 1 Never Married 2 Married Specify: BY Specify: 3 Widowed 4 Divorced Korea White ED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Ш Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 yrs Supervisor Social Security 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Sotirios notified at Sotiropoulos BE Angeliki 19e. INFORMANT'S NAME (Type/Print) 19b. MAILIND ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code). 9 Michelle Sotos 3026 St. Paul St. Baltimore Md. 9 20a. METHOD OF DISPOSITION
1 ⊠ Burlal 2 □ Crematton 3 □ Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Necrotafio Halandriou 4 Donetion 5 Other (Specify) 1-13 Halandri, Greece examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. 1050 Yrrk Rd. Towson, Md. 21204 medical 23. PART i. Enter the disessea, or complicatione that caused the death. Do not anter the mode of dying, such as cerdisc or respiratory arrest, **Approximate** shock, or heert failure. Liet only one cause on each line. 6 IMMEDIATE CAUSE (Final **Onast and Death** the disease or condition . MULTIPLE INJURIES resulting in death) other traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (DR AS A CONSEQUENCE OF) the attending physician and con Mental Hygiene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS signed by the AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 X YES 2 | NO has been of h 1 YES 2 ND DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\square\) NO \(\square\) UNCERTAIN \(\square\) PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) DIRECTOR: After this certificate Pours after death with the State Item 28 is marked, or Item EXAMINER? HOSPITAL: OTHER: Inpetient 2 ER/Outpetient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE DF INJURY 26b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED DEC 31,1994 1020P 1 Natural SUBJECT STRUCK BY VEHICL BY 2 X Accident 28e. PLACE DF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number City or Town, State) 8 Could not be COMPLETED 4 Homicide 3000 BLK.ST.PAUL ROADWAY 29e. CERTIFIER 1 CERTIFYIND PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. TO THE HOSPITAL (
TO THE FUNERAL D
DE filed within 72 h
IMPORTANT: If Is 2 🙀 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(e) end menner es stated, SIGNATURE AND TOLLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Grov ▶JAN 4,1995 O.C.M.E. 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 Theodore King M.D. 31. DATE FILED (Month, Day, Year)

JAN 0 6 1995

32. REGISTRAR'S SIGNATURE

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31. DATE FILEO (Month, Day, Year)

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LOR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 2. This after death. Page 6 may be retained by the hospital or attending physician. Legard After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attentioned by the state Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. Liem 22 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 1995 HOWARD WILLIAM SMITH JANUARY 4. 18:48P M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 03 10 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS PENNSYLVANIA 17 M 2 - F 77 183-09-1569 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SAINT AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE ENGLISH CONSUL 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21227 2824 MICHIGAN AVENUE U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1944-1952 BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) SELF
EMPLOYED MUSICIAN 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 ENTERTAINMENT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) HARRY M. SMITH MARY BROWN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SARA JANE SMITH 2824 MICHIGAN AVENUE-BALTIMORE, MD. 21227 20a. METHOD OF DISPOSITION
1X Burlal 2 Cremation 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1/9 Maryland veterans CROWNSVILLE, MD. Donation 5 - Other 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RAYMOND C. FINK FUNERAL HOME 21061 426 CRAIN HWY.S.W.GLEN BURNIE, MD. ۰ 23. PART i. Enter the disesses, of complications that caused the death. Do not enter the mode of dying, such se cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disesse or condition Pericardial tampanade
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) 5 min. CERTIFICATION Acute myocardial infarction 12 hr. Sequentially list conditions. if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? Chronic renal failure 1X YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 - YES 2 - NO 1x Inpetient 2 □ ER/Outpatient 3 □ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER (Check only (Ch 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 60 2 0308021/5/95 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Jean M. Colandrea,

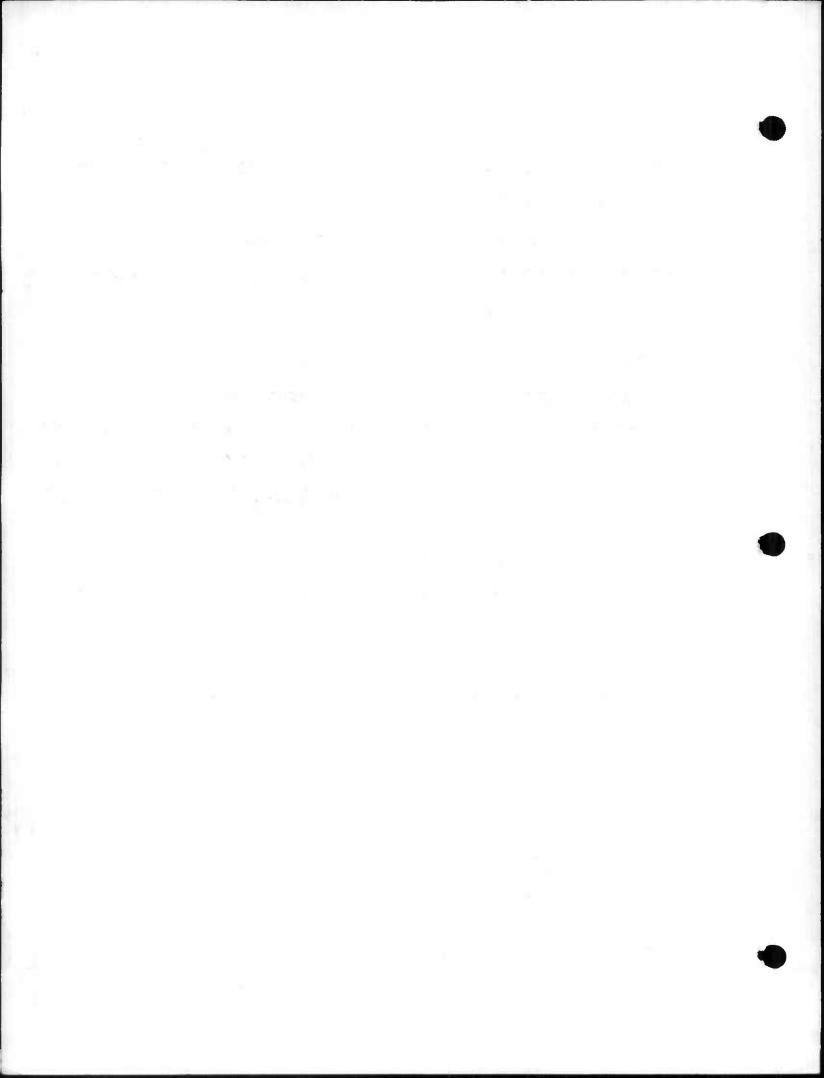
M.D., St. Agnes Hospital,

32. REGISTRAR'S SIGNATURE

www. Kardall

Md.21229

900 S. Caton Ave., Balto.



21215-0020	
MARYLAND	
BALTIMORE,	
3760	

DIVISION OF VITAL RECORDS, P.O. BOX 68

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

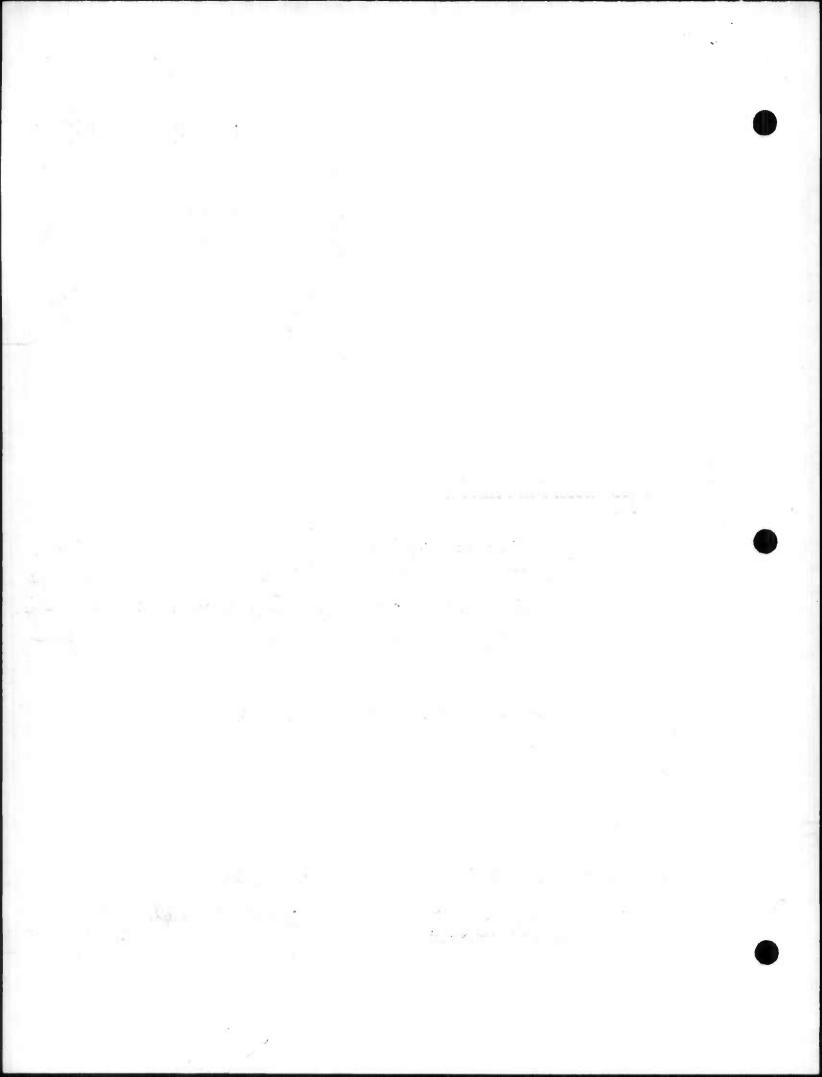
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	. HYGIENE
CERTIFICATE OF DEATH	BEG NO

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	D MENTAL HYGIENE REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) STOREY	2. DATE OF DEATH	3. TIME OF DEATH VEAR 1847 D M								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrz. last birthday) 1 BYM 2 F 66 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Vezi) 2, 1928 1 BYM 2 F 66 YRS.										
TOR	96. FACILITY NAME (If not institution, give street and number) Sake Hospital BAITMORE		TY OF DEATH								
DIRECTOR	RESIDENCE OF DECEMENT. 10a. STATE 10b. COUNTY 10c. CITY, ADWIN DR LOCATION BALTIMORE	10d. INSIDE CITY LIMITS? 1 VES 2 NO									
FUNERAL	100. STREET AND NUMBER HE DE Edge wood Street 3/23		EN OF WHAT COUNTRY?								
BY FUN	11. MARITAL STATUS 1	14. RACE — American Indian, Black, White, etc. Spacity: WAOK AMERICAN									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	ISTRY									
comp											
TO BE COM											
must be	20e. METHOD OF DISPOSITION 1 Buriet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of completely, cremation) or one glocal Completely, cremation or one glocal Completely Cremation (Specify)										
medical examiner	21. MAME AND ADDRESS OF FACILITY & ACLACE FUNE OF SOME 22. NAME AND ADDRESS OF FACILITY & ACLACE FUNE OF SOME 3405 W. Franklin St BAITIMEN, NA 21229										
	23. PART LEnter III diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, interval Between Onset and Death										
ry, or other traumatic event, the CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.										
	that initiated events resulting in death) LAST d										
amy inju	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given	In Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
Z3 shows an AN: MEDI	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERT.	AIN 🗆	1 TES 2 NO								
PHYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? CONTROL OTHER:										
HYS	1 YES 2 ND 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residen 27. MANNER OF DEATH 286. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	ce 6 Other (Specify) 26d, DESCRIBE HOW INJURY OCCU	IREO								
is marked, D BY PH	1 Natural 5 Pending (Month, Day, Year) NJURY WORK? 2 Accident Investigation										
TED E	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Do the beet of my knowledge, deeth occurred at the time, date end place, and a medical examiner. Do the beet of examination end/or investigation, in my opinion, death occurred at										
IMPORTANT: If Item 28 TO BE COMPLETE	A STATE OF THE PARTY OF THE PAR	NUMBER 29d, DATE 29d, DATE	SIGNED (Month, Day, Yeer) -4-95								
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) VINAY KAMAT SNAI HOSP OF BACK	T, GREENSTAN	6/Bayeren								
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	BAI	5 MD 21209								

DIVISION OF VITAL RECORDS, P.O. BOX 68760

OTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSP	TO THE FUNE be filed within	IMPORTANT

	FOR	STATE OF MARYL	AND / DEPART	IMENT OF H	IFAITH AND M	ENTAL HYGIE	ME					
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) ANGELA		CERTIFI	CATE OF	DEATH	REG. N		YEAR	3. TIME OF DEAT	н		
		7111	ELDS			1	3	95	1202	PM		
	4. SOCIAL SECURITY NUMBER 216-12-8506 9a. FACILITY NAME (If not institution, give s	1 □ M 23⁄□ F	(In yrs. last birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.		1921 Maryland					
DIRECTOR	Sini Hospital	rest and number)			imore	тн	9c. COL	INTY OF D	EATH			
E C	10a. STATE 10b. COUNTY	1	10c, CITY	TOWN OR LOCAT	ION				10d. INSIDE CITY			
PIR	Mo. Balt	imore	Cat	onsvill	e				LIMITS?	NO		
IAL	10a. STREET AND NUMBER			101	. ZIP CODE		10g. CI1	IZEN OF V	VHAT COUNTRY?	178		
FUNERAL	5 Rumford Dr.				21228			US	SA			
BY FUI	11. MARITAL STATUS t Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2X NO	If yes, sp	ENDENT OF HISPANIC ecity Cuban, Maxican, 2 NO Specify:	ORIGIN? (Specify Y Puerto Rican, etc.)	ee or No-	14. RACE Black Speci		n,		
ED E	15. DECEDENT'S EDU	CATION	18e. DECEDENT'S L	IRLIAL OCCUPATION	Na.	16b. KIND OF B	100150000	DURTON	White			
COMPLETE	(Specify only highest grade	completed) College (1-4 or 5+)	(Give kind of we life. Do NOT use Homen	ork done during mo retired.)	st of working	160. KIND OF B	DSINESS/IN	DUSTRY				
OM	17. FATHER'S NAME (First, Middle, Last)		Homen	anci	te. MOTHER'S NAME	E (First, Middle, Maide	n Sumame)					
ш	Angelo Ci	trano			Marie		oulay					
10 B	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural Ro	ute Number, City or R		p Code)	Jahreya Hayard			
=	Albert B. Shields		5 Rumf	ord Dr.	Catonsvi	lle, Md.	212	28				
	20a, METHOD OF DISPOSITION XX Burlel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from Stata Bod	PLACE AND DATE OF		me of Cemetery		ocation — altim		wn, Stata MCl •			
	21. SIGNATURE OF EMPERAL SERVICE LIC	LITY										
	* 9 Athlan	1/1/0/10.	· ·		d J. Webe				3.63			
	23. PART I. Sheer the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiec or reapiratory arreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): 23. PART I. Sheer the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiec or reapiratory arreat, interval Between Onset and Death Strict.											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Terrical Cardiac failure DUE TO (OR AS A CONSEQUENCE OF): c. End-stage cornery artery disease, CABGX2 6 days DUE TO (OR AS A CONSEQUENCE OF): d. St prin CABG Means											
1	PART II. Other aignificant condition											
0		s contributing to death b	out not resulting in	the underlying	g cause given in P		N AUTOPSY	24b.	WERE AUTOPSY FIR			
MEDI		s contributing to death b	out not resulting in	the underlying	g cause given in P		RMED?	246.	. WERE AUTOPSY FIR AMAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?	TO AUSE		
N: MEDICAL	DID TOBACCO USE					PERF	RMED?	24b.	AMAILABLE PRIOR 1 COMPLETION OF C OF DEATH?	TO AUSE		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CONTRIBUTE TO	CAUSE OF	DEATH Y		PERFO	RMED?	24b.	AMAILABLE PRIOR 1 COMPLETION OF C OF DEATH?	TO AUSE		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	CONTRIBUTE TO	CAUSE OF	DEATH Y 28. PL OTHER: 4 Nursing Hom	ES NO ACE OF DEATH (Chec.	PERFO	RMED?	24b.	AMAILABLE PRIOR 1 COMPLETION OF C OF DEATH?	TO AUSE		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	CONTRIBUTE TO	CAUSE OF	DEATH Y 26. PL OTHER: 4 Nursing Hom OF 28c. INJ, WO	ES NO ACE OF DEATH /Choc. 5 Reeldence 6 URY AT RK?	PERFO	PRMED?		AMAILABLE PRIOR 1 COMPLETION OF C OF DEATH?	TO AUSE		
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BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	CONTRIBUTE TO HOSPITAL: Inpellant 2 ER/Out 28e. DATE OF INJURY (Month, Day, 19ar) 26a. PLACE OF INJURY building, atc. (Spe	CAUSE OF 28b. TIME INJU — At home, ferm, at city) redge, death occurred in and/or investigation	DEATH Y 28. PL OTHER: 4 Nursing Hom OF 28c. INJ INV M t 1 Treet, fectory, office d at the time, date 1, in my opinion, d	PES NO ACE OF DEATH (Choc. 5 Reeldenca 6 URY AT RK? (FS 2 NO and pleca, and due to eath occured at the til	PERFO 1 YES 1 YES A only one) Other (Specify) 281. LOCATION (Street City or Town, State) the cause(a) and mane, data and place,	INJURY OC	curent or Rural F	AMALABLE PRIOR COMPLETION OF COOPLETION OF C	TO AUSE		
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PARAMSEET

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31. DATE FILED (Month, Day, W

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	Pages	
	DR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, (Spain Dent of Health and Mental Mentine notes to hairs be death with the State Dent of Health and Mental Mentine notes to hairs comparing or remain	
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NG PHYSICIAN: The law requires that the death certificate be executed within frours after death. Page 6 may be retained by the hospital or attending p	rtificate	occurrence of them 20 shows and interest on a shipping prior prior according to making the analysis of according to the analysis of according to the analysis of according to the analysis of according to the analysis of according to the analysis of according to the analysis of according to the analysis of according to the analysis of according to the analysis of according to the
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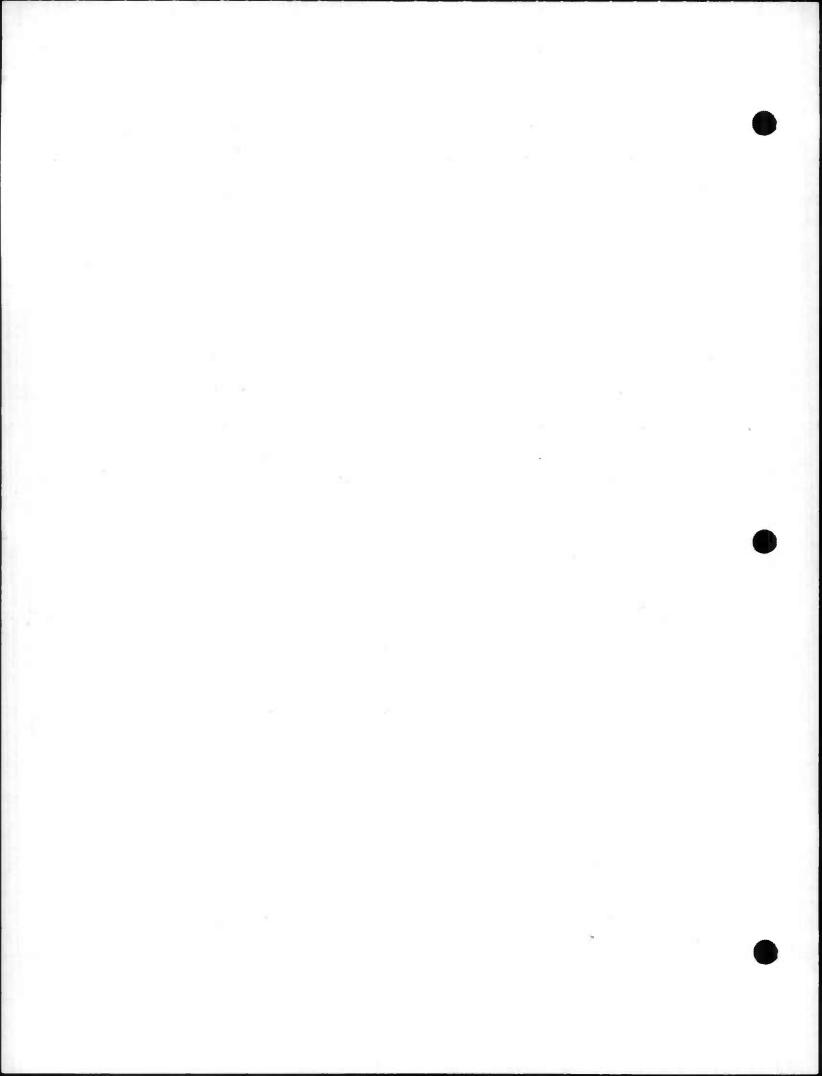
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Cecil Howard Tingler 03 TINGLER 9.00 A H CECH 995 01 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreig 1 M 2 | F HOURS 236-24-2216 DAYS 07/22/1923 West Virginia 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF GEATH DIRECTOR Johns Hopkins Bayview Medical Ctr. Baltimore City RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Dundalk Maryland Baltimore 1 YES 27 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21222 United States 503 Brandyvale Way 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerlo Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 1 Merried 1 TES 27 NO ΒY Specify: Specify: 3 Widowed 4 Divorced WW II White 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INOUSTRY (Give kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8 Years Electrician Steel Industry 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Susie E. Simms Okey A. Tingler BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21222 503 Brandyvale Way Dundalk, Maryland Ruth Tingler 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 01/07/95 Oak Lawn Mausoleum Baltimore, MD 4 Donation & Gother (Specify) Entement
21. BIGNATURE OF PURPERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Duda-Ruck Funeral Home of Dundalk, Inc. low Dundalk, MD 21222 7922 Wise Ave. 23. PART I. Enter the diseases, or complications that ceyed the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ehock, or heart failure. Liet only one ceuse on each line. intervai Batween IMMEDIATE CAUSE (Finel Onset and Death disease or condition ASSIVE MYDCARDAL NEARCTION resulting in death) DUE TO (OR AS A CONSEQUENCE OF): few Week Acute Ameny sm DUE TO (OR AS A CONSEQUENCE bdonnal CERTIFICATION Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING Hypertension CAUSE (Disease or injury TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e, DATE OF INJURY 28c, INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED Natural 2 Accident 5 Pending M 1 YES 2 NO В Investigation 3 Suicide PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the bealt ition end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end manner as atated. 29b. SIGNATURI AND TITUE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 0

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Hopkins

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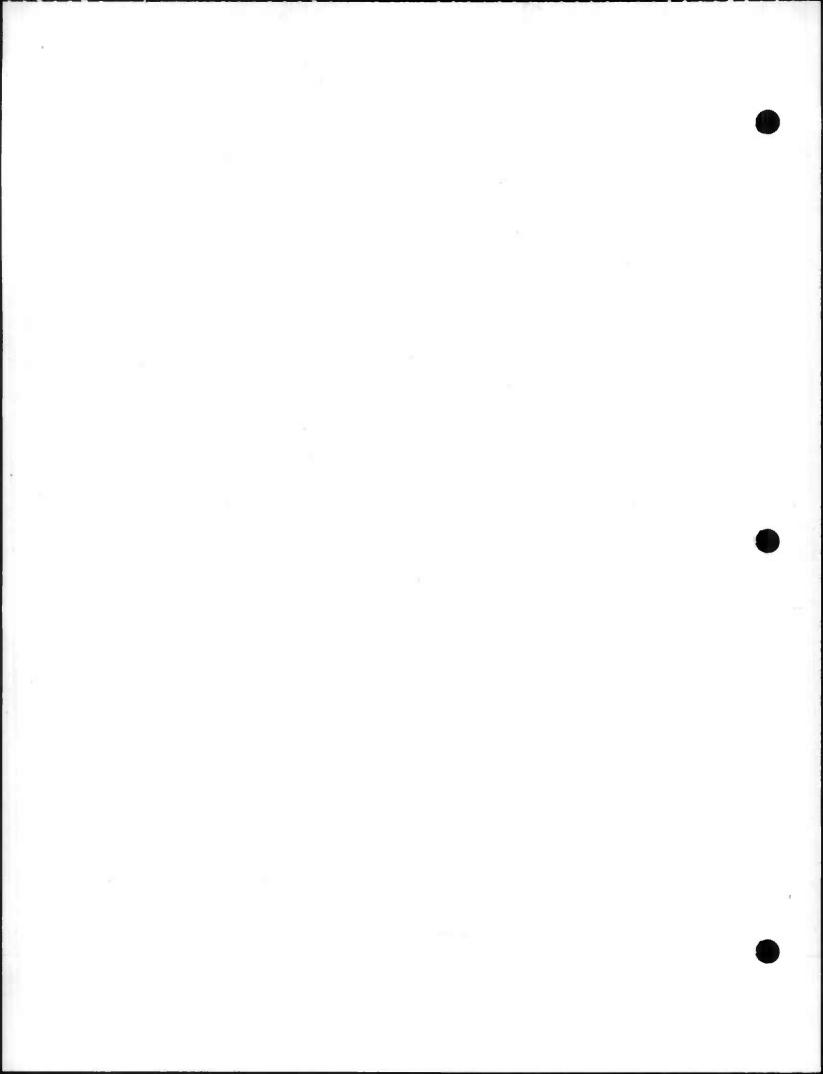


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TO THE HOSPITAL
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT	OF H	EALTH DEAT	AND I	MENTAL HYGIE			
Ì	t. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	DAY		3. TIME OF DEATH
	JOhn Kern	an Thoma	S					Jäñüary	™ 3 19	95	3:26a M
	4. SOCIAL SECURITY NUMBER 224-32-2482	5. SEX 6. AGE	In yrs. lest birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) March12	,193	8. BIRTHI Country V 1	rginia
E I	90. FACILITY NAME (If not institution, give single Franklin Squ		a1	9b. CITY	, TOWN C	ROS		тн 11e	9c. COUN	alt:	imore
5	RESIDENCE OF DECEDENT										
DIRECTOR	Md • Ba	t 1timore	10c. C1	TY, TOWN (OR LOCAT	Ess	sex				10d. INSIDE CITY LIMITS? 1 YES XX NO
FUNERAL	100. STREET AND NUMBER 900 Punjab	Circle			101	ZIP CODE	221			EN OF W	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 W Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO		If yee, sp	ENDENT O	F HISPAN n, Mexica Specify	IIC ORIGIN? (Specify Y n, Puerto Rican, atc.)		14. RACE	- American Indien, Whita, etc.
	15. DECEDENT'S EDUC	CATION	18e. DECEDENT'S	LISUAL O	CCUBATIO		_	165 VIND OF B	USINGO AND	OTON	White
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT to	work done ise retired.)	during mo	st of workin	g	16b. KIND OF B	USINESS/INDL	ISTRY	
N N	8th 17. FATHER'S NAME (First, Middle, Lest)		neavy	ьча	I più		ACOVE NA	ME (First, Middle, Maide			
	Clarence W	. Thomas				_	err				
BE	190. INFORMANT'S NAME (Type/Print)		196. MAILING	G ADDRESS	(Street e	nd Number	or Rurel I	Route Number, City or To	wn, State, Zip	Code)	
10	Patricia Thom 200. METHOD OF DISPOSITION			Pun	jab	Cir		Baltim	ore M	D.	21221
	1 Buriel 2 Cremation 3 Remo	oval from State Cerr	etery, crematory or C	other place)			nc.	1110	ocation — c Balti		
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11		NAME AN	D ADDRES	SS OF FA	CILITY			
	· R. Tes	rula.	001					Tuneral			
\neg	23. PART I. Enter the diseases, or o	complidations that caused	the death. Do	not enter	the mo	Mac de of dyi	ng, suc	has cardiac or res	t 1 MOY piratory arre	e M	d. 21221
	shock, or heart failure.	kist only one cause on e	sch line.							,	interval Between Onset and Death
	disease or condition resulting in death) a. CARDIAL ARREST										min
		•	CONSEQUENCE C	,							
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									6days.	
B	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	HYPER	TENSIO	SION						years	
틸	that initiated events resulting in death) LAST	,	CONSEQUENCE O		_						¥2. ~
E	readiting in death) EAST	. DIABE	tes me	JULI"	TUS						yeurs.
╏╏	PART II. Other significant condition PMH Sm		ut not reaulting	in the un	derlying	cause g	lven in	Part i. 24a. WAS A	N AUTOPSY ORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC	Ob.	Conta						1 YES	2 NO		COMPLETION DF CAUSE OF DEATH?
Σ	DID TOBACCO USE CONTR		E DEATH V	ES 1	NO F	LINC	ERTAIN				1 YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEA			ONC	EKIAI	1 (<u>2</u>)			
Sic	EXAMINER? 1 YES 2 X NO	HOSPITAL: 1 Inpetient 2 ER/Outp	atlent 3 DOA	OTHER 4 Nur		5 🗆 Ra	eldence	8 Other (Specify)			
ᇎᆘ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	_	28c. INJ			28d. DESCRIBE HOW	INJURY OCCU	JRED	
<u> </u>	1 Natural 5 Pending 2 Accident Investigation			М		ES 2 [NO				
COMPLETED	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm,	streef, fact	ory, office			281. LOCATION (Street City or Town, State		r Rural Ro	oute Number,
ן ב	29a. CERTIFIER (Check only	CIAN: To the best of my know	edge, death occurr	ed at the ti	me, date	end placa.	and due	to the cause(s) and m	enner es state	1	
≅		R: On the basis of exemination									end menner se stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICE	NSE NUN	IBER		SIGNED	Month, Day, Year)
0	SabaSido	1/*	Physi			DL	1140	16	•	1/4/	75
	30. NAME AND ADDRESS OF PERSON WHO 405 Stemme	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type)al-	tom	ore	- MC	212	21	
	31. DATE FILED (Month, Day, Year)	324 BEGISTRAR'S GR				2011					
	JAN 0 6 1995 Ja	us a more and									



BALTIMORE, MARYLAND 21215-0020

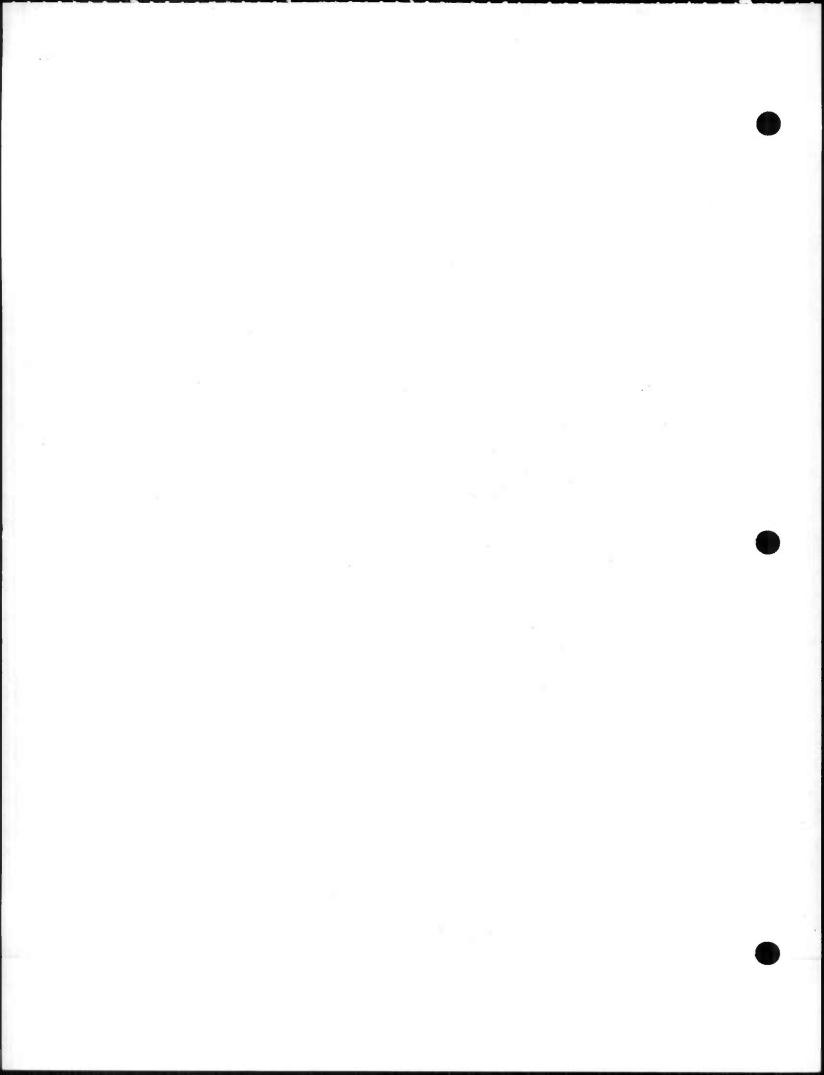
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IMPORTANT, If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			EKIIF	ICALE	: Ur	DEAL	I H	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	_							2. DATE OF MONTH	DEATH ,DA	NY.	95	3. TIME OF DEATH
	Mary	L.	Vaet							4		95	12:45 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la		MONTHS DAY		IF UNDER	24 HRS.	7. DATE OF I (Month, De	BIRTH ly, Year)		8. BIRTHP Country)	LACE (State or Foreign
	216-01-5928-B	1 🗆 M 2 😾 F	92	YRS.					JUNE 4)2		LAND
_	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COU						NTY OF DE	ATH	
DIRECTOR	STELLA MARIS				TOWSON BALT						LTIMO	ORE	
[[RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Y		Inc. CIT	Y, TOWN O	B LOCAT	ION	<u> </u>					10d. INSIDE CITY
E I	MARYLAND BALT	TIMORE			WSON		1011				LIMITS?		
	10e. STREET AND NUMBER	LIFICKE		1 10	MOON		. ZIP CODE	F			10- 017		1 TYES 2 NO
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N.	11. MARITAL STATUS	12. WAS DECEDENT		RMED	12.1	WAS DEC			C ORIGIN? (S	noolh. W. o	an Na		
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 🔽	NO	1	f yes, sp	ecify Cuba	n, Maxican,	Puerto Ricar	n, atc.)	or No.		- American Indian, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AN ON DATES		۱ ا	I ∐ YES	2 X NO	Specify:				Specify	
8	15. DECEDENT'S EDU (Specify only highest grade		18a. Di	ECEDENT'S	USUAL OC	CCUPATIO	DN .		16b. KIN	D OF BUS	INESS/INC	DUSTRY	WHITTE
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +	116	Bive kind of a b. Do NOT us	se retired.)	ounng mo	st or workin	rg					
AP	8			HOME	MAK	ER				A	MOH 7	Œ	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MQTH	IER'S NAM	E (First, Middl	e, Maiden	Sumame)		
BE (FRANK	J.	PR	UCHA			MAR	Y.					SVEC
10	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number	or Rural Ro	oute Number, C	City or Town	, State, Zip	Code)	
F	GEORGE F. VAETH			2300	DULA	NEY	VALI	EY R	D. M-2	209 7	OWSC	N, MI	0. 21204
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram	oval trom State	20b. PLACE				me of		DATE			City or Tow	
- 1	4 Donation 5 Other (Specify)		°GARD	ENS C					/6/95				MD.
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC		E. DOLA	N	22. I	NAME AN	D ADDRES	SS OF FACI	NE RAL	HOME	TNC	,	
	Makn 16 V	Jalon	, DOLLA						TOWS				
	23. PART I. Enter the diseesea, pr	complications that	ceused the de	eth. Do r									Approximata
l l	shock, or heart fallure.	List only one caus	on each line	в.						C. 100p.			Interval Between
	IMMEDIATE CAUSE (Final disease or condition	A	11/2	8/4	BKE								Onset and Daeth
1	DUE TO (OB AS A CONSEQUENCE OF):												
_			EVEBR	5 425 a	26/18		0/1	adol					İ
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF	F):								
3	cause. Enter UNDERLYING CAUSE (Disease or injury	c.											
E	thet initiated events	DUE TO (OR AS A CONSE	OUENCE OF	F):								
	resulting in deeth) LAST	d											
	PART II. Other algolficent condition	e contributing to	death but not	regulting	in the un	dorivino		lunn in D	and I are	. WAS AN	ALITORNA		WERE AUTOPSY FINDINGS
EDICAL				resulting i	ni the un	oenymy	rause g	iven in r	art 1. 244	PERFOR		1	WAILABLE PRIOR TO
ă	Longs for	He of	12 or		_				_ 10	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
Σ	DID TODA GGO LIGT GOALT			Σ					_			1	YES 2 NO
A	DID TOBACCO USE CONTI	KIBUIE IO CAI		OF DEAT			UNC	ERTAIN	Da T				
PHYSICIAN:	EXAMINER?	HOSPITAL:	/		QTHER	t:							
\$	27, MANNER OF DEATH	1 Inpetient 2 4	ER/Outpatient 1	28b. TIM				_	Other (Sp				
	1 Natural 5 Pending	(Month, Da	y, Year)		URY		RK? ES 2		2ed. DESCRIE	SE HOW IN	JURY OC	CURED	
B	2 Accident Investigation	28a PLACE OF	on tA - YNULNY	me form a	treet teat				OCATIO	M (Daniel in			
	3 Suicide 8 Could not be determined	building, e	nto (Secify)	yine, telliti, t	MINUTE, THE CO.	ory, ornice		1	281. LOCATIO City or To	wn, State)	na Number	or Hunti Ho	ute Number,
COMPLET	29a, CERTIFIER		1										
4	(Check only	CIAN: To the best of a											
8	2 MEDICAL EXAMINE	H: On the basis of ac	emination and/or	invigationitis	n, in my of	pinion, de	ath occur	ed at the th	me, date and	place, and	due to th	e cause(a)	and menner as stated.
H	296. SIGNATURE AND TITLE OF CERTIFIES						29c. LICE	STOP NUMB	EN CS		29d. DAT	E SIGNED I	Month Day Ward
副	1						1	(- · - 2	,, - 7		1	1	-
-4	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUS	OF DEATH (ITE		Print) Ped	1	dire	5	Valley	,	Keres		21204
J	CONTRACTOR OF THE PARTY OF THE	Lad mechani	office A			-	-						
	IAN u 6 1995	We di MUSILIAN	Martin										
- 1	JAN 1000												



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First Middle 2. DATE OF DEATH 3. TIME OF DEATH 2.57 L-SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthd IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 10. DAYS 1 M 2 | F MOURE 81 3 January 13,19 Maryland should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Pages 1, 2, 3 Charlestown Care Center Catonsville Baltimore RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Baltimore Catonsville 1 TES 2 X NO permit. FUNERAL 10a STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Maiden Choice Lane use as the burial-transit 719 U.S.A. **#BR 233** 21228 ours after death. Page 6 may be retained by the hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only higher otect) (Give kind of work done life. Do NOT use retired.) page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) Fire Investigation Baltimore County 12 yrs. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) notified at John Copland Williams Unknown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILIND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Edith V. Williams Same as #10 pe 20a, METHOD OF DISPOSITION
1 Å Burlel 2 ☐ Cremetion 3 ☐ Removal 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must furieral director. 4 ☐ Donation 5 ☐ Other (Specify) Thomas Episco. Ch.Cem.1/6/95 Garrison, Maryland examiner 21. SIGNATURE OF FENERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. filled in by the medical 23. PART I. Enter the diseases, or complicatione that dauties the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between 0 IMMEDIATE CAUSE (Final Onset and Desth cremation, the disease or condition_ ongestive Heart Failure the attending physician and completely Mental Hygiene prior to burial, crematic reaulting in death) traumatic event, executed with OUE TO (OR AS A CONSEQUENCE OF): DIVISION OF VITAL RECORDS, P.O. BOX 68760 CERTIFICATION O Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE DE): If any, leading to immediate cause. Enter UNDERLYING the death certificate be CAUSE (Disease or Injury that initiated eventa other 1 DUE TO (DR AS A CONSEDUENCE OF): reaulting in deeth) LAST 6 PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS signed by the Health and AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? any 1 TES 2 NO Shows 1 TYES 2 ND t, of H PHYSICIAN: has be Dept. OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate his OTHER: HOSPITAL: 1 YES 2 00 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA -Nursing Home 5 - Residence 8 - Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HDW INJURY OCCURED marked, 1 Netural 5 Pending Investigation 1 YES 2 ND BY death 2 Accident After 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office 99 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED DIRECTOR: after 28 4 Homicide hours a Hem 29e. CERTIFIER
1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL
TO THE PLINESPAL
Do filed within 72 h (Check only HOSPITAL 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3405 95 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M 17 olesach 711 Marken Choice Lune

32. BEGISTEAR'S SHATURE

31. DATE FILED (Month, Day, Year)

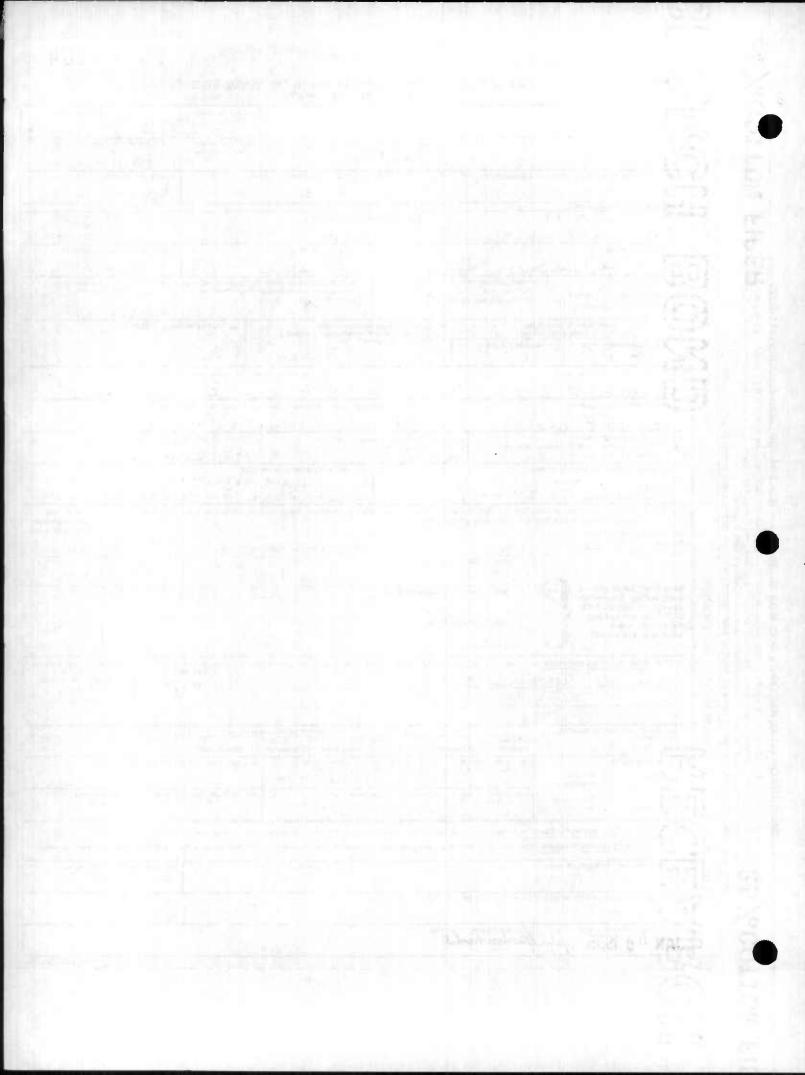
IAN 06 1995

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1		FOR STATE REGISTR	A
Г	1. D	ECEDENT'S	N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Last) ALBERT WES					2. DATE OF DEATH MONTH	5 . 95 YE	3. TIME OF DEATH					
	ALDERT WES		GE (In yrs. last birthday)	# UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or For					
4	The state of the s	1 🔀 🛣 2 🗆 F	Q/\ YRS.	MONTHS DAYS		(Month, Day, Year)	C	ountry)					
	212-09-7224 9a. FACILITY NAME (If not institution, give		74	AL OUTY TOWN	OR LOCATION OF D	7-18-00	9c. COUNTY	laryland					
			TNO.		SSEX	EAIR		MOLE					
2	RIVERVIEW NURSI	ING CENTRE, I	.NC.	-	2967		ONL	11.1016					
Ä	10a. STATE 10b. COUNT			TY, TOWN OR LOC				10d. INSIDE CITY					
DIRECTOR	Md. HA	RFORD	F	Forest H	time			1 - YES 2 X					
AL	10e. STREET AND NUMBER			1	of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?					
FUNERAL	1700-A LAN	IDMARK L	DRIVE		21050)	U	SA					
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 \(\subseteq \text{Y}				NIC ORIGIN? (Specify Ya an, Puerto Rican, etc.)	n or No- 14.	RACE — American India Black, White, etc.					
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1 🗆 YE	S 2 THO Speci	y:	4	Specify:					
ED	15, DECEDENT'S ED	UCATION	16a, DECEDENT'S	S USUAL OCCUPAT	TION	16b. KIND OF BU		VHITE					
	(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during ruse retired.)	nost of working								
딥	8	0011090 (1-0 01 0 1)	Tool;	Die 1	Maker	TOOL							
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Malden	Surname)						
ш	EUGENE P.	West			Ame	lia E. I	NORTH	NHAM					
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Stree	and Number or Rural	Route Number, City or Tox	m, State, Zip Code	9) 1.1.5					
F	Vernon F. We		1700	J-A LA	NDMAR	KDR. For	est Hill	Md ZIDS					
	20a.,METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Rer	moval from State	20b. PLACE AND DATE		Name of		CATION — City						
	4 Donation 5 Other (Specify) Holy REDEEMER 17995 Bouto, Md												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EVANS Chapel of Bel AIR												
	Charles To Evans IV. 3 NEWPORT DR. Forest Hill, Md 21050 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
ERT	resulting in death) LAST												
W 15		d											
0	PART II. Other algnificant condition	dna contributing to deat	th but not resulting	In the underly	ing cause given in	Part I. 24a. WAS AI		24b. WERE AUTOPSY FI					
0	PART II. Other algnificant condition	one contributing to dead	th but not resulting	In the underly	ing cause given in	PERFO	RMED?	AMARABLE PRIOR COMPLETION OF C					
EDICAL C		1 market	th but not resulting	In the underly	ing cause given in	Part I. 24a. WAS AI PERFO	RMED?	AVAILABLE PRIOR COMPLETION OF C OF DEATH?					
MEDICAL C		1 market	th but not resulting	In the underly	ing cause given in	PERFO	RMED?	AVAILABLE PRIOR COMPLETION OF C OF DEATH?					
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Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 vurs after death. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should permit. burial-transit for use as the detached 76 page 5 should be notified pe must funeral director, examiner the 1 the medical completely filled in by 0 cremation, traumatic event, prior to burial, and the attending physician Mental Hygiene prior to or other Health and N 23 shows any DIRECTOR: After this certificate has been hours after death with the State Dept. of h tem 0 marked, 60 28 Hem THE HOSPITAL D THE FUNERAL D filed within 72 ho = TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II

DIRECTOR

FUNERAL

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COMPLET

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CERTIFICATION

MEDICAL

PHYSICIAN:

ВҰ

COMPLETED

BE

2

Item#9b,20c Per F.H. G-719 01/06/95 R.M.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH JILT SHEL DON JAN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS BIRTHPLACE (State or Foreign Country) 7 DATE OF BIRTH Worlth, Day, Year) 3-22-17 187-14-0439 DAYS HOURS MIN. 1 [](M 2 [] F YRS. PA 9e. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 9c. COUNTY OF DEATH Sinai Hospital RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore Rosedale 1 YES 2 7 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 6109 Hamilton Ave. 21237 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 Merried Specify: 3 Widowed 4 Divorced white 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Plant Planner 12 Lever Brothers 0 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Edwin Wilt Genevieve (unk.) 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Beulah Wilt 6109 Hamilton Ave. Baltimore, MD 21237 20e. METHOD OF DISPOSITION
1Y Burlet 2 Crematton 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Air Memorial Gardens Be₁ Air, 21. SIGNATURE-OF FUNERAL SERVICE LICENSI 22. NAME AND ADDRESS OF FACILITY Cvach/Rosedale Funeral Home 1211 Chesaco Ave. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition HYPOXEMIA
DUE TO (OR AS A CONSEQUENCE OF): 3 MIN resulting in deeth) CHROVIC OBSTRUCTIVE
DUE TO (OR AS A CONSEQUENCE OF): LUNG DISEASE Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury METASTATIC LUID DUE TO (OR AS A CONSEQUENCE OF): that initiated events PROSTATE resulting in deeth) LAST METASTATIC PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceues given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 00 OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 | YES 2 | 010 Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Rasidence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Alatural 5 Pending investigation 1 YES 2 NO Accident 28a. PLACE OF INJURY — At home, ferm, street, tectory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide detarmined 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end manner as atteted. (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(a) and menner as stated. 29h. SIGNATURE AND TITLE OF C 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ne UD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ERIC SKOLNICK 32. REGISTRARY SIGNATURE

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asp

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEF	RTIFICAT	E OF	DEATH	REG. N	0.				
	1. DECEDENT'S NAME (First, Middle, Last)				_		2. DATE OF DEATH		3. TI	ME OF DEAT	гн	
	GEORGE		WIC	CKMAN			JAN 02	DAY 1995	YEAR 5:	56	A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest bi		R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH					
	215-16-1919	% M 2 □ F		YRS. MONTHS	DAYS	HOURS MIN.	Jan 22,	000	Country)	_	oreign	
			12	240				944	Mary	land		
	9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
Ö	MARYLAND SHOCK TRAUMA BALTIMORE CITY											
5	RESIDENCE OF DECEDENT											
DIRECTOR	10e. STATE 10b. COUNT			IOC. CITY, TOWN					10d.	INSIDE CITY		
		altimore			Mic	dle Ri	ver			YES 2 K	NO	
A	10e. STREET AND NUMBER				101.	ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?		
띪	9 Gentian La	ne				21220			USA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARME	D 13	WAS DECE	ENDENT OF HISDAN	VIC ORIGIN? (Specify)	ba as No. 1 to	. RACE — Ar	and in the state		
E	1 Never Married 2 Married	FORCES? 1	YES 2 NO		If yes, spe	cify Cuben, Mexica	in, Puerto Rican, atc.)	08 OF NO.	Black, White	s, atc.	sn,	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES		1 TYES	2 NO Specifi	y:		Specify:	arb d. L.	_	
	15. DECEDENT'S EDU	CATION	16a DECE	DENT'S USUAL O	COLIBATIO	•				Whit	2	
E	(Specify only highest grade	completed)	(Give i	kind of work done NOT use retired.)			16b. KIND OF B	USINESS/INDUS	THY			
=	Elementary/Secondary (0-12)	College (1-4 or 5+)										
2	6th			<u> Mainte</u>	nanc							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)				
BE	Otto Wickm	an					Esther	Redem	ann			
2	19s. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDRES	S (Street an	nd Number or Rural I	Route Number, City or To	wn, State, Zip Co	ode)			
F	Edward Wickma	an	110)11 Co	rd S	treet	Baltimo	re Md	. 213	220		
	20a. METHOD OF DISPOSITION	11-11		DATE OF DISPOS				OCATION - CIT				
	3 ☐ Burlei 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 6 ☐ Other (Specify)	oval from State	Holly	ory or other place)	Como	etery 1						
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	THOTTY			D ADDRESS OF FA		Baltim	ore	MO.		
	1 D T	. / /	011				uneral H	Iome o	f Fe	EOV		
	L. Lerre	1 (Erm	elly		200	Maga A	TTO Do 14		Ma		2.1	
	23. PART i. Enter the diseases, or	amplications that	caused the death	Do not enter	the mod	le of dying, suc	h as cardiac or ree	piratory arres	t, 1	Approxim		
	snock, or near tarre.	only one ceue	e on each line.							Interval B		
	IMMEDIATE CAUSE (Finel disease or condition	100	LTPLE	4-1.	. 2					Onset and	Death	
	resulting in death)	e. Pi C	0.11.00	MOI	115							
		DOE TO (C	OR AS A CONSEQUE	NCE OF):							- 4	
N	Sequentielly list conditions,	b	100 -100									
Ĕ	if any, leading to immediate	DUE TO (OR AS A CONSEQUE	NCE OF):								
2	CAUSE (Disease or injury	с										
15	that initiated events	DUE TO (C	OR AS A CONSEQUE	NCE OF):								
CERTIFICATION	resulting in death) LAST	d										
	PART II. Other significent condition	e contribution to d	eath hut not you	dales le about	edent to a							
EDICAL	TATO II. Other significant condition	e contributing to o	eeth but not rest	iting in the ur	nderlying	cause given in	Part i. 24s. WAS A PERFO	N AUTOPSY ORMED?	AWAIL	AUTOPSY FI	TO	
ă							1 1 TES	2 NO	COMP OF DE	LETION OF C	AUSE	
ME										YES 2	10	
ż	DID TOBACCO USE CONTI	RIBUTE TO CAU	SE OF DEATH	YES 🗆	NO 🗆	UNCERTAIN	<u> </u>					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE O	F DEATH (Check	only one)						$\overline{}$	
) 	EXAMINER?	HOSPITAL:	ED/Outrotton 2 (OTHE		- 0	. E STEELSTAN					
¥	27. MANNER OF DEATH	26s. DATE OF II		6b. TIME OF	_		6 Other (Specify)					
	1 Diftural 5 Pending	(Month, Day	(Vear)	INJURY	28c. INJU WOR	IK?	28d. DESCRIBE HOW					
BY	2 Accident Investigation	12	93 (120 VM	1 YE	ES 2 NO	ABDOZUM	en sti	mun &	BY UR	10	
	3 Suicide 6 Could not be	28e. PLACE OF building, et	INJURY — At home, c. (Specify)	ferm, streef, fact	ory, office		261. LOCATION (Street City or Town, State	snd Number or	Rural Route N	umber,		
	4 Homicide determined	00A	DWIN				EDSTORNY		ENG NETS	00 00	imian	
mi II	Control Contro	CIAN: To the best of m	v knowledne deeth	occurred at the t	ime date e	and plane, and due				1.00		
7 1	296. CERTIFIER 1 CERTIFYING PHYSI									Martin Control		
MPL	(Check only		minetion and/or im-		pimori, ae	ann occured at the	time, date and piecs, s	ind dus to the c	suse(s) and r	nanner as at	ated.	
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	R: On the basis of sxa	mination end/or inve	,								
	(Check only	R: On the basis of sxa	mination end/or inve			29c. LICENSE NUN	IBER	_	IGNED (Month			
H	(Check only one) 2 MEDICAL EXAMINE	R: On the basis of sxa	mination end/or inve			O.C.1		29d. DATE S		, Day, Year)		
	(Check only one) 2 MEDICAL EXAMINE 29th RIGNATURE AND TITLE OF CERTIFIER	R: On the basis of sxa						29d. DATE S	IGNED (Month	, Day, Year)		
H	(Check only one) 2 MEDICAL EXAMINE 29th RIGNATURE AND TITLE OF CERTIFIER	R: On the basis of sxa	OF DEATH (ITEM 27	7) (Type, Print)		O.C.1	М.Е	29d. DATE S	O2,1	, Day, Year) .995		
H	(Check only one) 2 MEDICAL EXAMINE 29th BIGNATURE AND TITLE OF CERTIFIER 20. NAME AND ADDRESS OF PERSON WHI	R: On the basis of sxa	OF DEATH (ITEM 27	7) (Type, Print)		O.C.1		29d. DATE S	O2,1	, Day, Year) .995		

NONING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.

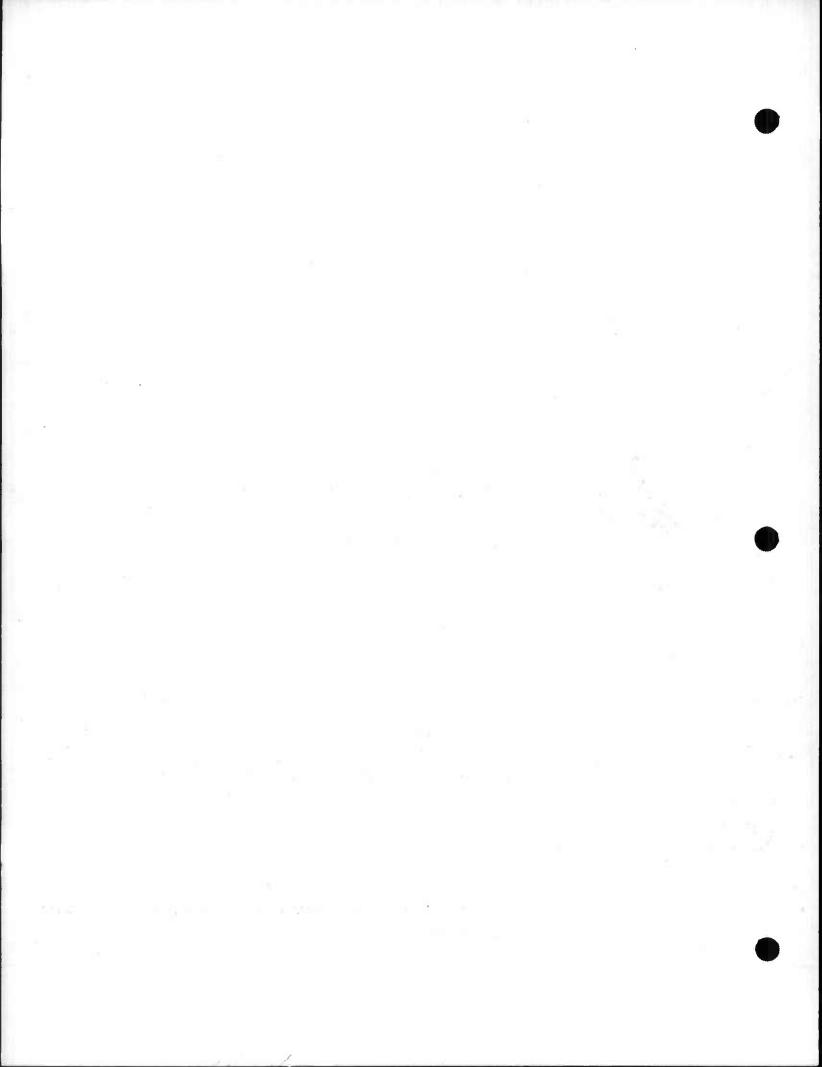
F. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should me death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. WISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

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CERTIFICATION

MEDICAL

PHYSICIAN:

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32. REGISTRAR'S SIGNATURE

marked,

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With

After

DIRECTOR: Journal after of Item 28 is

hours ? Item

OR ATTENDING

HOSPITAL FUNERAL within 72 =

Pages 1, 2, 3 should permit. burial-transit Page 6 may be retained by the hospital or attending physician. page 5 should be detached for use as the notified at pe must the funeral director, examiner within 24 hours after death. medicai and completely filled in by burial, cremation, or remo the event, executed traumatic 2 the attending physician Mental Hygiene prior to certificate be other 6 that the death Injury. OF VIEW RECORDS, PHYSON, The law repaires that the des Health and any Shows Dept. of H 23 Item State the 0

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BALTIMORE,

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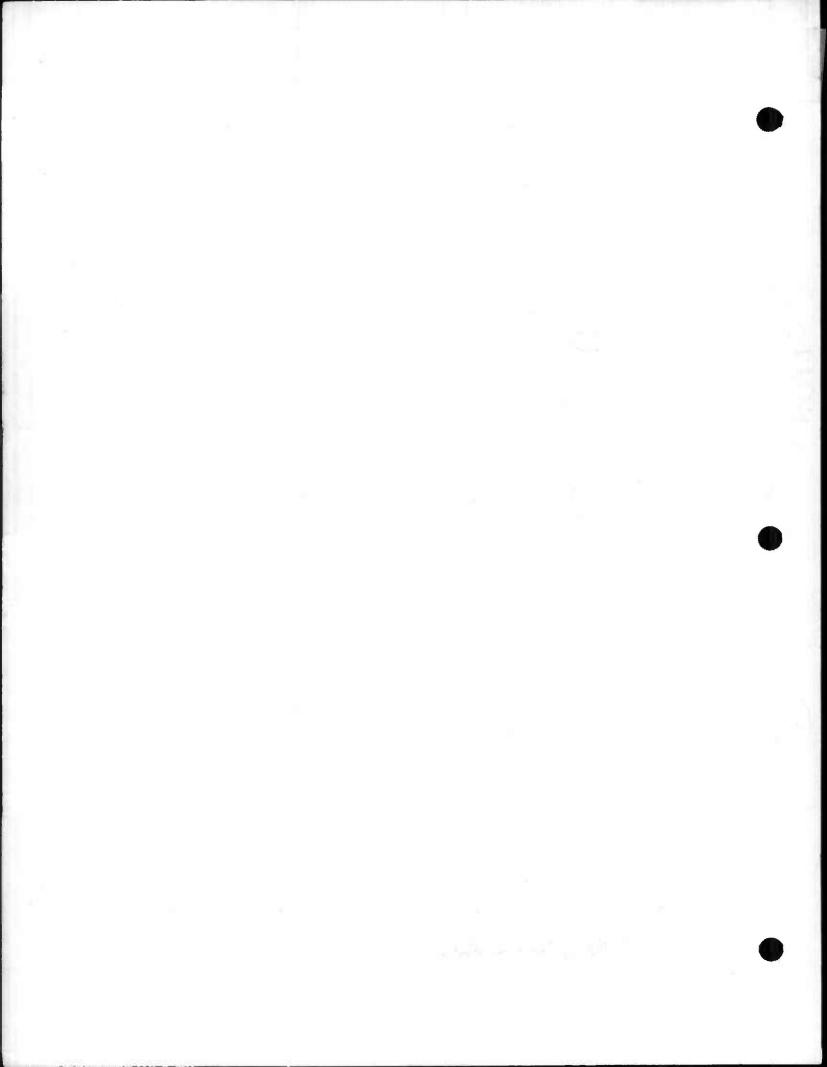
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ITEMS: 23 part I, II, 27 per MEO G-719 1/30/95 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR DESMOND ADAMS NATHANIEI 95 TAN 12:48 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH 0 (Month, Day Year) 0 7 - 0 9 - 6 1 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS HOURS 212-84-9395 1 🔯 M 2 🗌 F 33 YRS. Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN NORTHWEST MEDICAL CENTER RANALLSTOWN BALTIMORE COUNTY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MD BALTIMORE XXYES 2 NO 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2340 REISTWESTOWN ROAD 21217 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yee, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 XYES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married 1 TYES 2 THO Specify: 3 Widowed 4 Divorced 1979-1987 BLACK 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 8+) SECURITY GUARD ALLIED SECURITY INC. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) NATHANIEL **ADAMS** KATHY SMITH 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ROBIN 2340 REISTERSTOWN RD. BALTO., MD 21217 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 X Burial 2 Cremetion 3 Ramoval from State
4 Donation 5 Other (Specify) GARRISON FOREST VA CE /10 OWINGS MILLS, MD. 22. NAME AND ADDRESS OF FACILITY
BETTS FUNERAL HOME 21. SIGNATURE OF FUNERAL SERVICE LICENS 1129 N. CAROLINE ST. BALTO, MD21213 23. FAMIN. Enter the diseased, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition PNEUMONIA resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO CIRRHOSIS COMPLETION OF CAUSE OF DEATH? YES 2 - NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 XYES 2 NO 1 X Inpetiant 2 - ER/Outpetiant 3 - DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 1 Natural 5 Pending М 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, tarm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 X MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIONED (Month. Day, Year) O.C.M.E. ▶JAN 5,1995 P 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TO THE HOSPITA
TO THE FUNERA
DE filed within 7
IMPORTANT: I

DHMH-18 Rev 1/88

111 Penn Street, Baltimore, Maryland 21201



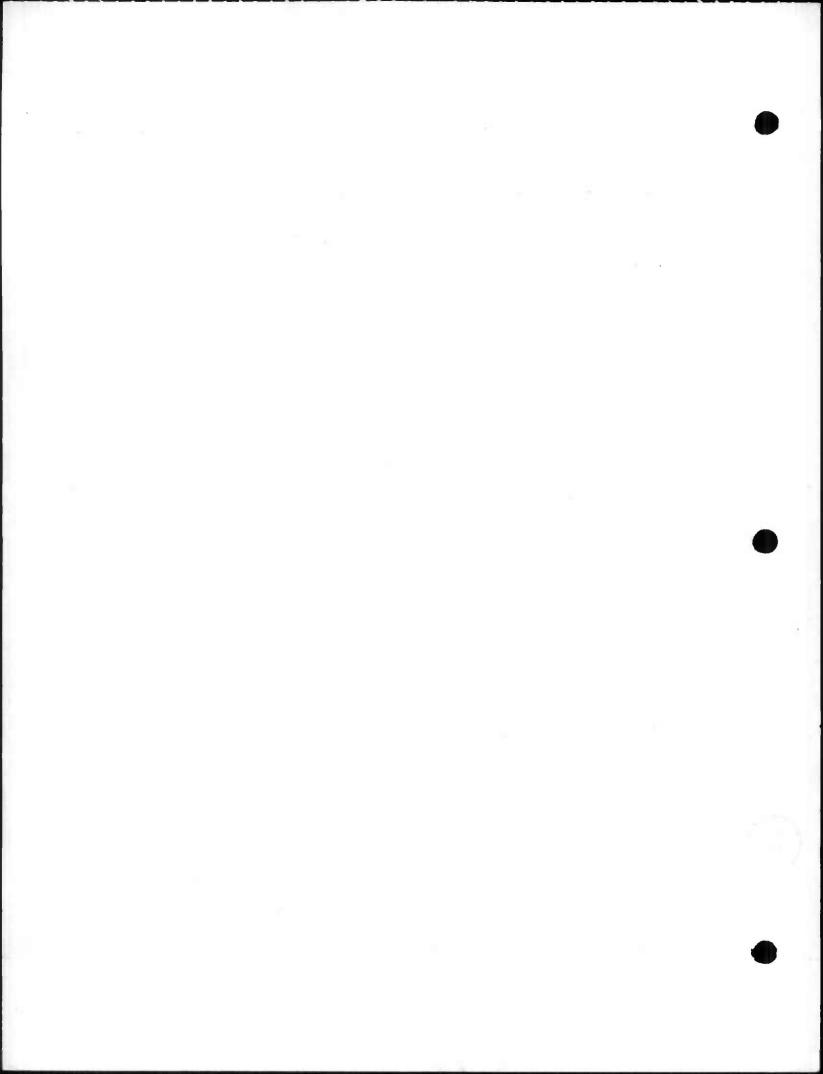
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TO THE FULL MERAL DIRECTOR. Attending PHYSICIAN. The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TO	ME OF OEATH
	CHARLES HOWARD ALDRIDGE JANUARY 2, 1995	8:20 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLAC	E (State or Foreign
	11- M 2 F 70 YRS MONTHS DAYS HOURS MIN. (Month, Day, Year) Country)	
	213-03-0341 X- 79 106 08 15 Mary 1 9a. FACILITY NAME (# not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH	and
Œ	CACRETO WILLIAM TO CRETON	
18	SACRED HEART HOSPITAL CUMBERLAND ALLEGANY	
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.	INSIDE CITY
<u>a</u>	Maryland Allegany Mt Savage	UMITS? YES 2 NO
AL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT	COUNTRY?
FUNERAL	PO Box 507 USA	
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Ver or No.) 14. BACE	merican Indian,
	1 Never Married 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, Whi	te, etc.
BY		hite
0	16. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY	
H H	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use relired.)	
ם	11+ Mechanic Auto	
COMPLET	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)	
ш	Howard Aldridge Minnie Pollock	
8	19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
5	Mrs Ruth Aldridge PO Box 507, MtSavage, MD 21545	
	20e. METHOD OF DISPOSITION 200 PLACE AND DATE OF DISPOSITION (Name of	late.
	1	
	21. SIGNATURE OF FUNERAL SERVICE LICENSER Onald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy	Board
	655W. Baltimore St, Balto, MD212	
	goupe w. Ken son	01
-	23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line.	Approximata
	MMEDIATE CAUSE (Flori	Intarval Batween Onset and Death
	disease or condition - Respiratory Failure	
	DUE TO (OR AS A CONSEQUÊNCE OF):	Miller
z	disease or condition resulting in death) Due TO (OR AS A CONSEQUÊNCE OF): Sequentially list conditions, if any, leading to immediate Due TO (OR AS A CONSEQUÊNCE OF): Due TO (OR AS A CONSEQUÊNCE OF):	multis
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSECUENCE OF):	
8	CAUSE (Disease printury C.	
ᄩ	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):	
E	resulting in death) LAST	
0	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE	
DICAL	PERFORMED? AMAIL	ABLE PRIOR TO
ă	OF D	PLETION OF CAUSE EATH?
ME		YES 2 NO
ÿ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN	1
ㅎ	28. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:	
YS!	1 YES 2 NO 1 PROSPITAL: 1 No petiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28c. INJURY AT WORK?	
ВУ	1 Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO	
	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, larm, street, factory, office 28s. LOCATION (Street and Number or Rural Route Notified act. (Specified) act. (Specified)	lumber,
ш	4 Homicide determined	
1 2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated.	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the bear of my knowledge, dearn occurred at the time, date end place, and due to the cause(e) end menner as stated. MEDICAL EXAMINER: On the bear of my knowledge, dearn occurred at the time, date end place, and due to the cause(e) end menner as stated.	manner as stated.
	AND SIGNATURE AND VIVIE OF OFFICERS	
BE	29c. LICENSE NUMBER 29c. LICENSE NUMBER D 3 3 4 17 (Md) 1/3 (9)	n, Day, Yeer)
욘	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JAMES R. MOEN, M.D. 1068 NATIONAL HIVHWAY LAVALE, MD 21502	
	31. DATE FILED (Month, Day, Year)32. REGISTRAR'S SIGNATURE	
	JAN 0 9 1995 Ali Drivileon Rarlall	
	MAN CESS ON MAL	



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ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

INE this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have burial-transit permit. Pages 1, 2, 3 should

		Item # 1 Film FOR 1 - STATE	# G 719			AND /	DEPAR	TMENT				MEN	TAL HYGIEN	E		
Г		REGISTRAR			A 2			ICATE	OF	DEA	TH	_	REG. NO.			
	3	1. DECEDENT'S NAME (First,	, Middle, Last)			lverta Boyd							ATE OF DEATH	NY .	YEAR	3. TIME OF DEATH
	- 3	ALBERTA			BOYD						J/	ANUARY 5	,199	95	5:39 p м	
		4. SOCIAL SECURITY NUME		5. SEX	6. AGE (I	n yrs. lasi	t birthday)	IF UNDER	1 YEAR	IF UNDE	ER 24 HRS.	7. D/	ATE OF BIRTH forth, Day, Year)		8. BIRTH Count	HPLACE (State or Foreign
		220-30-18	19	1 🗆 M 2 🔀 F	F 82 YRS. WORTHS DAYS HOURS MIN.					min.	01-27-12 N.C.			**		
ı		9e. FACILITY NAME (If not in	stitution, give s	treet and number)				9b. CITY,	TOWN C	R LOCAT	TION OF DE	EATH		9c. COL	JNTY OF D	
	CTOR	THE JOHNS I	HOPKIN	S HOSPIT	AL			_ BAI	TIM	ORE	CITY	<u> </u>				
	111	10a. STATE	10b. COUNTY	Y			10c. CIT	Y, TOWN O	A LOCAT	ION						10d. INSIDE CITY
- 1	DIR.	MD						PAT	πтм	ODE	CI	TV				LIMITS?
- [AL.	10s. STREET AND NUMBER						DAL		. ZIP CO		1 1		10a. CI1	IZEN OF Y	WHAT COUNTRY?
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	3	11. MARITAL STATUS	30011	12. WAS DECEDE	NT EVER IN	U.S. ARI	MED	13. 1	WAS OFC		120		IGIN? (Specify Yes		U.S.	E — American Indian.
	4	1 Never Married 2	Married	FORCES? IF YES, GIVE	1 YES	2XX	0	1	yes, sp	ecify Cub	en, Maxica	n, Pue	rto Rican, etc.)	or No-	Black	k, White, atc.
- 1	B	3 🔣 Widowed 4 🗌 Divo	rced	IF YES, GIVE	MAH OH DA	123		,	☐ YES	XIXNO	Specify	у:			Spec	LACK
	8	15. OEC	EDENT'S EDU	CATION		18a. DE	CEDENT'S	USUAL OC	CUPATIO	ON .		T	16b, KIND OF BUS	INESS/IN		311011
- 1		(Specify only Elementary/Secondary (0	y highest grade	completed) College (1-4 or 5		(Gir	ve kind of a Do NOT us	work done on retired.)	luring mo	st of work	dng					
	4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		College (1-4 of 5	·'		HOI	JSEW	IFE							
nce.	COMPL	17. FATHER'S NAME (First, M	liddle, Last)				-			18 MO	THER'S NA	ME /EU	st. Middle. Melden	Cumamal		
notified at once.	-	JOHNNIE	MACK	VT	NCEN	ηı							st, miodio, merderi	,	D (III K) T	
9	H	190, INFORMANT'S NAME (7	1111011	V V I I	VCEIV		MAIL INC	ADORFEC	(Canada		LLII		lumber, City or Town		RTEF	ζ
100	2	WITT VINC														01010
è		20a. METHOD OF DISPOSIT			1						D A	-	BALTIM			
must		1 g Burial 2 - Crematio	n 3 🗆 Reme	oval from State	ceme	PLACE A stery, crer	netory or o	of DISPOS ther place)	TION (Na	me of					City or To	
E		156 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY														
examiner		Feilely Commutal 1129 N. CAROLINE ST. BALTO, MD21213														
												retory ar	Tool .	Approximate		
medical		shock, or h	asrt fallure.	List only ona ca	usa on ea	ch Ilna.		-1,100			,,		rando or reopri	atory at	1000,	Interval Between
the		IMMEDIATE CAUSE (Final disease or condition											Onset and Death			
event,		disease or condition - s. My O Cardial Infarction 2 days Due to (or as a consequence of): Sequentially list conditions. Loron and Artery Disease 17 years												& days		
				Ca	(OH AS A	CONSEC	UENCE O	h L		T	Cod	00				12
other traumatic	CERTIFICATION	Sequentially list conditions, Due to lorg as a consequence of:												Tryears		
Taur.	F	If any, leading to immediate cause. Enter UNDERLYING														
10.	음	CAUSE (Disease or Injury C.														
5	Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST														
y, 0r	览			d												<u> </u>
3		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS														
À	MEDICAL	Atrial	(0)	lation									PERFOR	1/		AVAILABLE PRIOR TO COMPLETION OF CAUSE
20			V.										1 YES 2	NO		OF DEATH?
		DID TOBACCO U	SE CONITI	DIDLITE TO CA	LISE OF	DEAT	ru vr	c W A	10 F	1 115.14	CEDTAIN					1 TYES 2 NO
23	SICIAN:	25. WAS CASE REFERRED TO		KIBOIE IO CA		,		H Check	10 [UN	CERTAIN	<u>ч</u> Ц				
Tea	ᅙ	EXAMINER?	J WEDIGIE	HOSPITAL:		0 11		OTHER	1:							
9	₹.	1 TYES 2 NO		1 Inpatient 2		rtient 3		_			Pesidence	_	Other (Specify)			
	PH.	. ~ _	Pending	28e. DATE Of (Month, I	Day, Year)		28b. TIM INJ	URY		RK7	2000	28d.	DESCRIBE HOW IN	IJURY OC	CURED	
mar	B		Investigation					М	1 [Y		□ NO					
200	COMPLETED		Could not be determined	28e. PLACE (building	OF INJURY	— At hor	ne, ferm, :	rireet, facto	ery, office				OCATION (Street e City or Town, State)	nd Numbe	r or Rural F	Route Number,
IMPORTANT: # Item	崩	29e. CERTIFIER (Check only	TEYING PHYSI	CIAN: To the best o	f my knowle	edge, des	ith occum	d at the #	ne, date	and place	e, end due	to the	couse(a) and me-	ner se sta	rted.	
華	₹∥															e) end menner es stated.
TAN		295. SIGNATURE AND TITLE														
5	H	GARAGE	f n		ND					29c. LIC	ENSE NUN	ABER		29d. DAT		(Month, Day, Year)
墨	၉	30 NAME AND ADDRESS OF	Depone we	O COMPLETES O	PE OF TE	TM	1.07 ==			11	1371	14			116	195
		20. NAME AND ADDRESS OF LINDA L	1174	M,D,					HN	SH	OPK	INS	HOSPI	TAL	BA	LTIMORE HI
		31. OATE FILED (Month, Day,	Year)	32. REGISTRA												
L		JAN 0 9-1	995	Jeli den	luck	46.0										
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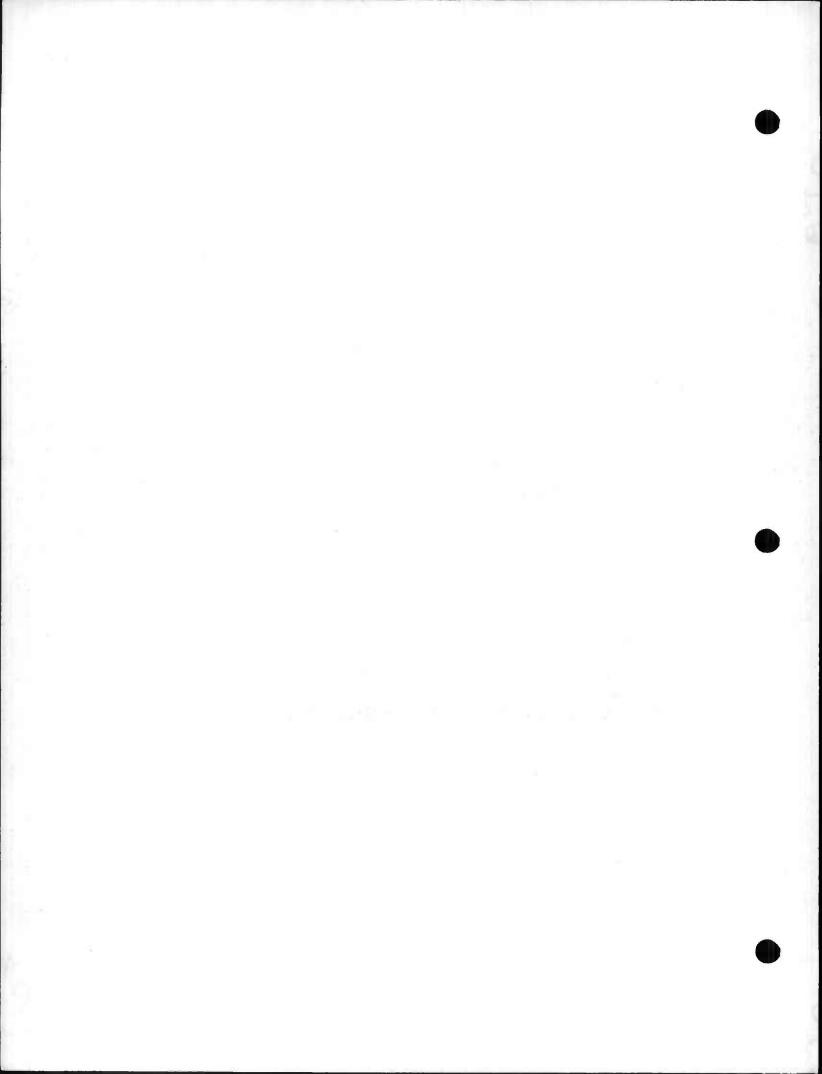
FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Philip Victor Becker **January** 1995 2:30 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. March 5 DAYS HOURS 215-03-0764 t 💢 M 2 🗌 F 1917 Maryland detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH DIRECTOR 4993 Columbia Road Apt. 203 Columbia Howard RESIDENCE OF DECEDENT 10a, STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore t TYES 2 X NO 10e. STREET AND NUMBER FUNERAL tof. ZIP CODE tog. CITIZEN OF WHAT COUNTRY? 403 Overbrook Road 21212 United States withware hours after death. Page 6 may be retained by the hospital or attending physician. pletely filled in by the funeral director, page 5 should be detached for use as the burlat-tran 11. MARITAL STATUS t3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED t4. RACE - American Indian, Black, White, etc. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married ВҰ 3 🔀 Widowed 4 🗌 Divorced World War II White BE COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Assoc. Managing Editor Newspaper once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) to John L. Becker Elizabeth M. Toal notified a 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Martha B. Wieber 4993 Columbia Road Apt. 203 Columbia, MD 21044 pe 20a. METHOD OF DISPOSITION

1 X Burial 2 □ Cremation 3 □ Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of 28c. LOCATION -- City or Town, State must Cemetary, Crematory or other place)

Druid Ridge Cemetery 4 Donation 5 Other (Specify) 1/10 Pikesville, Maryland medical examiner 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home, Inc. tille 6500 York Road Baltimore, Maryland 21212 or removal 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory strest, Approximate ahock, or heert fellure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Finel** Onset and Death cremation, the disease or condition___ un9 Cancer completely resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): executed bunial, CERTIFICATION and Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the attending physician 8 other i DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 10 the death Mentai PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED any 1 TYES 2 THO OF DEATH? requires Shows 1 YES 2 NO certificate has been ď DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DEATH (Check only one) PHYSICIAN: WE Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL OR ATTENDING PHYSICIAN: The Hem State OTHER 1 | YES 2 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 8 Other (Specify) 6 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY death 2 Accident DIRECTOR: After 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 8 Could not be COMPLETED after 28 4 Homicide hours Item 1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner ea stated. TO THE HOSPITAL OF TO THE FUNERAL D DE filed within 72 ho (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2 A 95 D37133 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dow M.D 6301 32 REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) JAN 0 9 1995

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

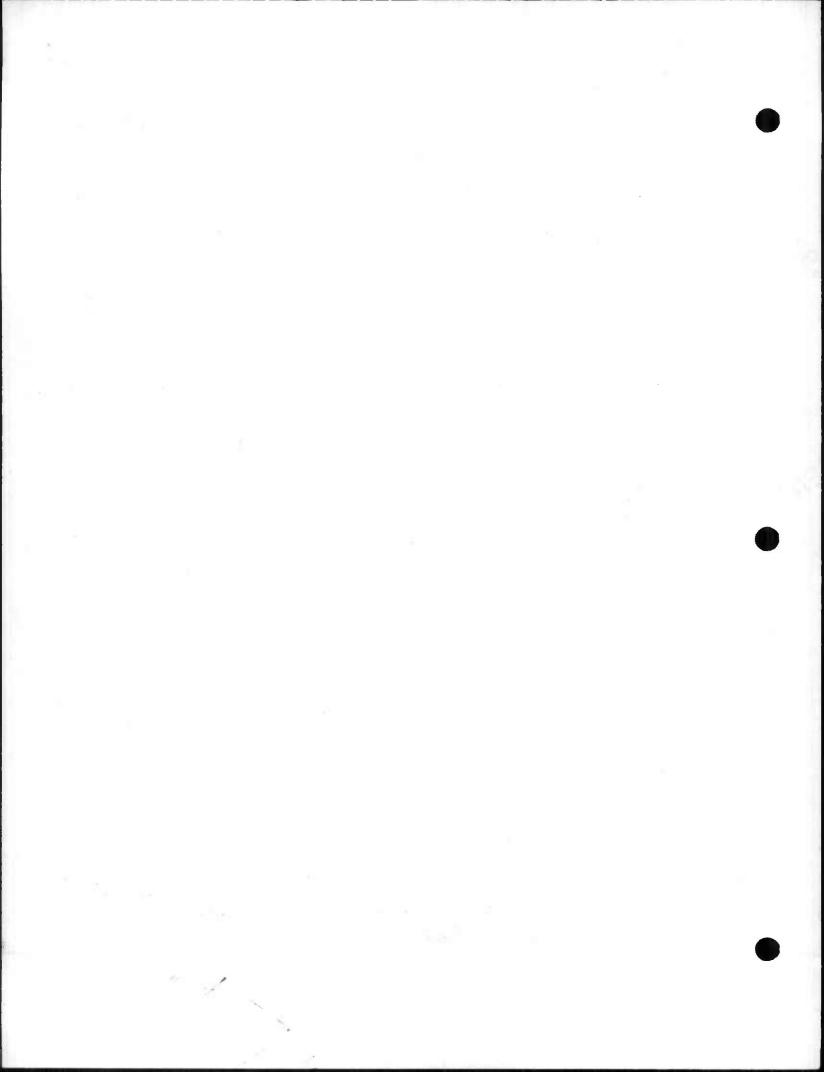


BALTIMORE, MARYLAND 21215-0020

0 DIVISION OF VITAL

BALLIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 58/50	DIMENDED ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a frours after death. Page 6 may be retained by the hospital or attending physician.	N. THE FUNDAM, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tented in the processing and the state Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AN	D MENTA	AL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	2	0			E OF DEATH		3. TIME OF CEATH
	Tiffany K	egina	Brown		MON'	DAY DAY	75 YEAR	4:00 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (UNDER 1 YEAR IF UNDER 24 HR	/0.0	E OF BIRTH	8. BIR	THPLACE (State or Foreign
	21+-21-5638	1 - M 2 XF	6 YRS.	ITHS DAYS HOURS MH	01	128/8	8 Ba	Homore MA
	9s. FACILITY NAME (If not institution, give str	set and number)	96	CITY, TOWN OR LOCATION O	F DEATH	1	9c. COUNTY OF	DEATH
O. H		ner Ave		Baltimore	N	10	Balt	impre City
Б	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CITY TO	OWN OR LOCATION				Land theirs out
DIRECTOR	MD Bolt	imber Ci	to Ro	11.	M	1		10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	1	1 126	101, ZIP CODE	/ 11		10a. CITIZEN OI	1 X YES 2 NO
18	54/7 Cris	mer Ave			212	215	(1	< A
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DECENDENT OF HIS	SPANIC ORIGI	IN? (Specify Yes or	No- 14. RA	CE — American Indian,
	1 Never Married 2 Married	FORCES? 1 TYES		If yes, specify Cuban, Ma	xican, Puerto ecify:	Rican, etc.)	Bi	sck, White, etc.
Э ВУ	3 Widowed 4 Divorcad							Black
TED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16a. DECEDENT'S USL (Give kind of work	done during most of working	16	b. KIND OF BUSIN	ESS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use rei			1106	10	
COMPLET	17. FATHER'S NAME (First, Middle, Last)		nık					
	17. FAIRER'S NAME (FIRST, MIDDIE, LAST)	B.	roun	1e. MOTHER'S	NAME (First,	Middle, Maiden Su	-	011
H	19a, INFORMANT'S NAME (Type/Print)	yeve -1		DRESS (Street and Number or Ru	Ke/e.	ne M	donn	a narley
2	Madeleine Cha	les	- 4 -	rismer Ave:				2/2/5
	20a, METHOD OF DISPOSITION		RLACE AND DATE OF D		19A		TION — City or	
	1 Burial 2 Cremation 3 Ramon	ral from State cer	eatery, crematory or other	plack ince Cer	Y.	of T	0014	n md
	21. SIGNATURE OF FUNERAL SERVICE LICE	NACE	21 4100	22. NAME AND ADDRESS OF	FACILITY	L		0, 11.00
	*Clarma =	H. Vann	nn. To	march Fitt	-wes	sh AU	0	
	23. PART I. Unter the disease, pr co	malications that severe	the death De ant	7300 W	coas			
	bock, or heart fellure. L	let only one ceuse on e	ech line.	enter the mode of dying,	such es cer	rdiec or reepira	tory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition	- 50	ction					Onset and Death
	resulting in deeth) e		CONSEQUENCE OF			,		274-5
-		64.00	D Noxa	es carcin	20100	1 bra	N.3	4-1/22005
<u> </u>	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSTQUENCE OF):	5 2 4 7 6 7 7	LUVNC	0 19	my	11.5/13
18	cause. Enter UNDERLYING CAUSE (Disease or Injury							
틸	thet initiated evente	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in deeth) LAST							
AL C	PART II. Other eignificent conditions	contributing to deeth b	ut not reculting in the	ne underlying ceuee given	In Part I.	24e. WAS AN AU	TOPSY 2	4b. WERE AUTOPSY FINDINGS
						PERFORME	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 🗆 YES 2	(NO	DF DEATH?
≥	DID TOBACCO USE CONTR	BUTE TO CAUSE O	E DEATH YES	□ NO 🖾 LINCEPT	AIN 🗆			1 TYES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		20. PLACE OF DEATH (C		AII U			
Sic		HOSPITAL: 1 Inpetient 2 ER/Outp		HER: Nursing Home 5 Residen	ca 6 🗆 Oth	er (Snecify)		
Ŧ	27. MANNER OF DEATH	26s. DATE OF INJURY	28b. TIME OF	28c. INJURY AT		SCRIBE HOW INJ	URY OCCURED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES 2 NO				
	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, etc. (Special	— At home, farm, stree	t, factory, office		CATION (Street and	Number or Rure	l Route Number,
	4 Homicide datarminad	bunding, etc. Open	ay)		City	or Town, State)		
12	29a. CERTIFIER (Check only	AN: To the best of my knowl	edge, death occurred at	the time, data and place, and	due to the ca	ruse(a) and manne	r sa stated.	
COMPLETED				my opinion, death occured at				e(a) and manner as stated.
U U	296. SIGNATURE AND TITLE OF CERTIFIEB	0		29c. LICENSE	NUMBER	2	9d. DATE SIGNI	ED (Month, Day, Year)
0	alen D. In	ciedman	MO	033	3491	0	D01/1	06/95
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	"	600	on. u	ville	54.
	Alan U. Friedn	1an, MOJJ	ohns Mopk	ins Hospital	B	2/+:m:	re. M	0212P7
	JAN 0 9 1995	32. REGISTRAR'S SUN						
1 1	W CEEL E O NAC I	UP OF THE PROPERTY OF THE	Mary					1

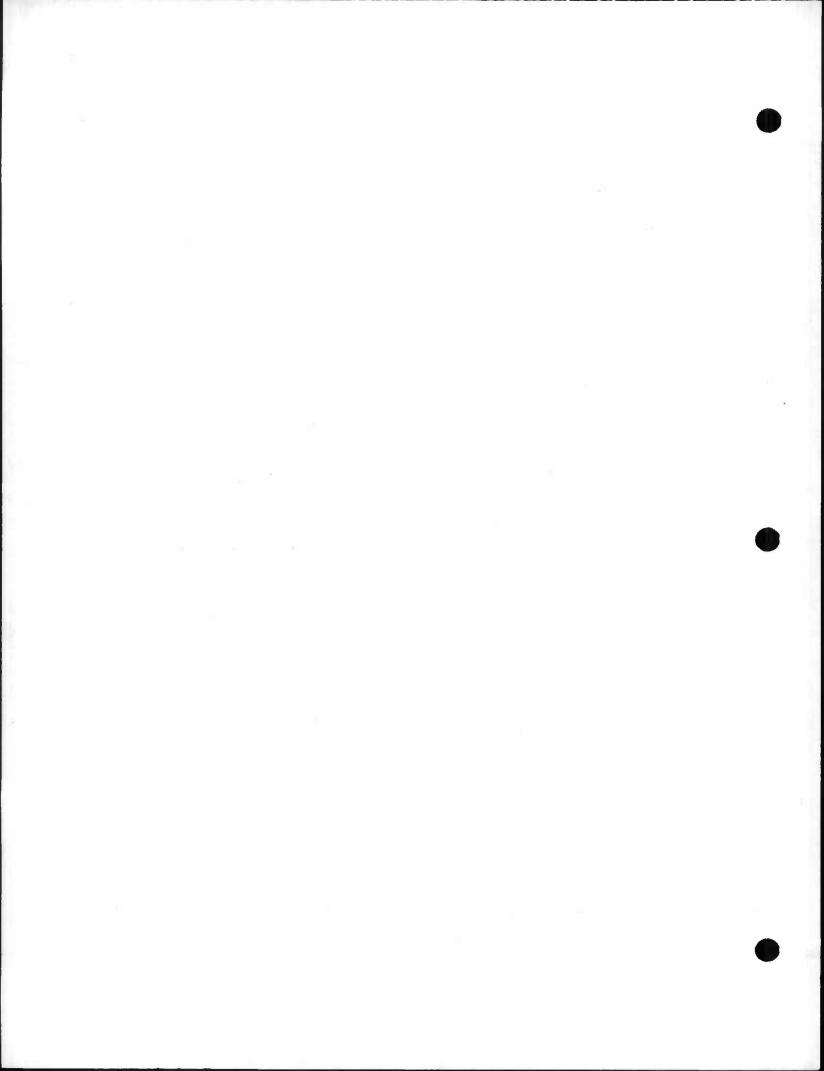


BALLIMORE, MARK (H not in the death of the many be retained by the hospital or attending physician. BESIDENCE OF DEC 10a. STATE A PARTITION OF DESCRIPTION OF THE PROPERTY O	CEDE Ny high Non- (Special Street Str
23. PART I. Enter the de ahock, or he ahock, or he whole the process of the secured within 24 hours at the death certificate be executed within 25 hours at the death certificate be executed within 25 hours at the death certificate be seen of the attention of the process of the secured within 25 hours at the death with the State Debt. of health and Mental Hydlene bride to make the medic that the medic thas the medic that the medic that the medic that the medic that th	Penninve Country Count

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. OATE OF DEATH 3. TIME OF DEATH 120 eresa 240 JAN. 95 6. AGE (In yrs. last birthday 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 M YRS 4-29-9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BAItIMORE 1 TES 2 NO 10f. ZIP CODE 100 CITIZEN OF WHAT COUNTRY 5 Freet 21224 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuberr, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cube rried Specify 16e. DECEDENT'S USUAL OCCUPATION

The blad of work done during most of working ENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) tone YOREMAKE le. Lest 16. MOTHER'S NAME (First, Middle, Maiden Surname 41 /Print) Street 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION 3 | R SACKED ecity) assayor complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, it failure, that only one cause on each line. Approximata Interval Between **Onest and Death** GANGRENOUS SMALL GUSTRECTOM da DUE TO (OR AS A CONSEQUENCE OF GASTRIC DUE TO (OR AS A CONSEQUENCE OF) conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO CONTRIBUTE TO CAUSE OF DEATH YES INO NO UNCERTAIN EDICAL 26, PLACE OF DEATH (Check only on OTHER: Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 - Residence 6 - Other (Specify) 26a. DATE OF INJURY 26b. TIME OF INJURY 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCUREO ding 1 YES 2 NO 28a. PLACE OF INJURY — Ai home, ferm, street, tactory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) old not be ING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. CERTIFIER 29d. DATE SIGNED (Month, Day, Year) DURGICAL RESIDENT WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,

32. BEGISTRAR'S SIGNATURE

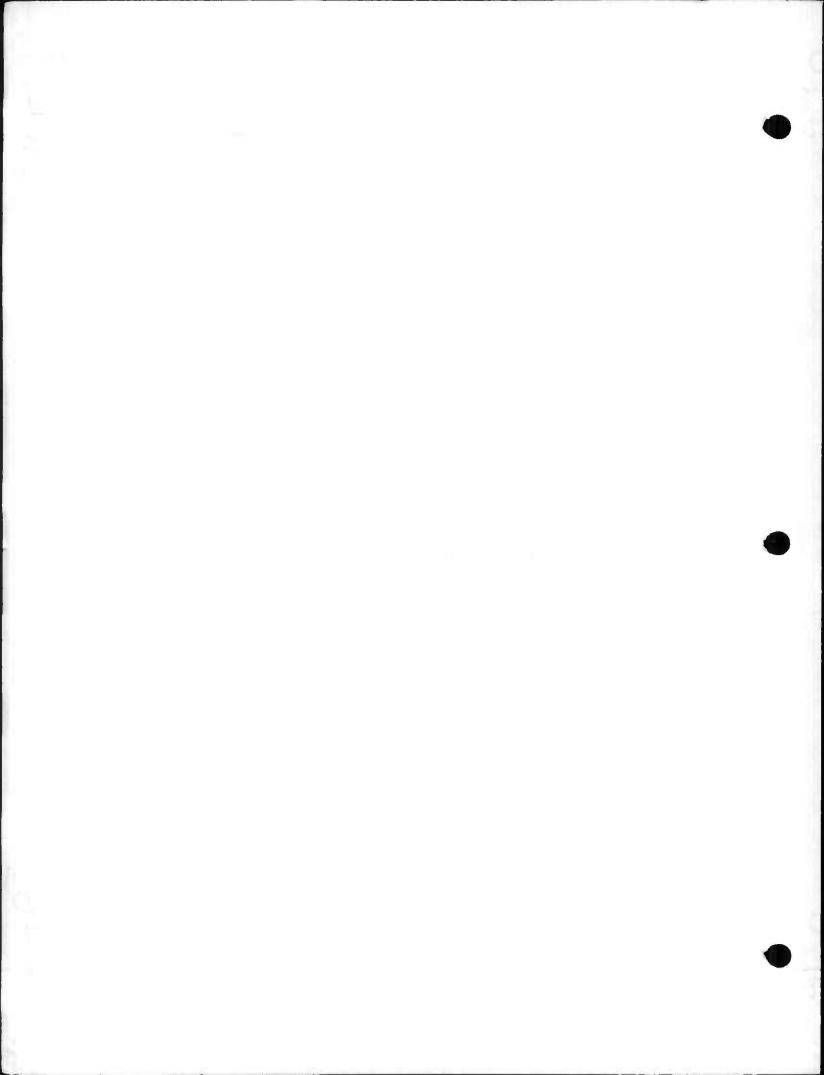


DIVISION OF VITAL RECORDS, P.O.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-Yours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate be been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
	Josephine Bonizio			JAN. 5,	95 6:11 AN
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest	birthday) IF UNDER 1 1	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	214-20-7781 10M28F 85	YRS. MONTHS C	AYS HOURS MIN.	(Month, Day, Year)	9 MARYLAND
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TO	WN OR LOCATION OF DE	ATH ATH	9c. COUNTY OF DEATH
NO N	JOHNS HOPKINS GERIATEIC CENTEN	000 10012	BALTO. MD.	21224	City
DIRECTOR	RESIDENCE OF DECEDENT		1		City
2	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR	-		10d. INSIDE CITY LIMITS?
	MARY LAND 100. STREET AND NUMBER	BAL			1 YES 2 NO
FUNERAL		TERN AVE	10f. ZIP CODE	,	10g. CITIZEN OF WHAT COUNTRY?
N.	HOTKING PRYVIOUS GERTAGE	ruc	212		U.S.K.
	11. MARITAL STATUS 1 □ Never Married 2 □ Married FORCES? 1 □ YES 2 ☑ NC) If y	DECENDENT OF HISPAN is, specify Cuban, Mexican	IC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	or No— 14. RACE — American Indien, Black, White, atc.
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	10	YES 2 NO Specify		Specify: Wk.
요	15. DECEDENT'S EDUCATION 16e. DEC	EDENT'S USUAL OCCI	PATION	16b. KIND OF BUSI	NESS/INDUSTRY
ᄪ	(Specify only nignest grade completed) (GM	e kind of work done duri Do NOT use retired.)	ng most of working		
4	121/2	Homer	racer	ow.	N Home
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAM	ME (First, Middle, Malden S	Sumame)
BE (Luici OPAZIAPLE	VN	Hd	elride	
2	19a. INFORMANT'S NAME (Type/Print) , 19b.	MAILING ADDRESS (S	reet and Number or Rural R	oute Nurgber, City or Town.	State, Zip Code)
-	MR FRANCIS Scheidt	1917	Church	Kd B	Alto Md ZIZZZ
	20s. METHOD OF OISPOSITION 1 Burlet 2 Cremetion 3 Removal from State cemetary crem	ID DATE OF DISPOSITIO	N (Name of	DATE 20c, LOC	ATION — City or Town, State
	4 Donatton 5 Dother (Specify) Sign	CRED /8	tof Jose	is B	Alto MARY (XND)
- 1	21. SIGNATURE OF TUNERAL SERVICE LICENSEE	22. NA	Seph W.	TANININ	JR. F.H.
	· Chef gann	Z	35. CON	Kline 53	t. BAItO Hd
	23. PART I. Enter the diseases, or complications that caused the dea	th. Do not enter th	mode of dying, such	as cerdiec or respire	story srrest, Approximate
	shock, or heart fabure. List only one cause on each line.	E.	4		Interval Between Oneet end Death
	disease or condition resulting in death)	9.	Comme.	1- Jachuri	tatistic to
- 1	DUE TO (OR AS A CONSEQU	JENCE OF):	UT MINION	valence	overween
Z	Sequentielly list conditions, b. Protrubel	chal	marioca	runom	
Ĕ	If any, leading to immediate	IENCE OF):	1		
길	CAUSE (Disease or Injury	rever en			
Ē	thet initiated events DUE TO (OR AS A CONSEQUENCE POLICY TO (O	ENCE OF):			
CERTIFICATION	d				
A.	PART II. Other significent conditions contributing to death but not res	suiting in the unde	lying ceuse given in F		
DICA	Multi- infaret den	eretea		PERFORM	COMPLETION OF CAUSE
Ä	Chronic atual hale	ullate	9		OF DEATH?
ä					
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		6. PLACE OF DEATH (Che	ck only one)	
Š	1 YES 2 NO HOSPITAL: 1 Inputient 2 ER/Outputient 3	DOA 4 Hursing	Home 5 - Residence 6	Other (Specify)	
PHYSICIAN:	(Month, Day, Mear)	26b. TIME OF 28	. INJURY AT WORK?	28d. DESCRIBE HOW IN.	JURY OCCURED
B	1 Netural 5 Pending 2 Accident Investigation		YES 2 NO		
9	3 Suicide 6 Could not be datermined 26e. PLACE OF NJURY — At home building, atc. (Specify)	e, farm, street, factory,	office	261. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,
E.					
	Check only one)	h occurred at the time	data and place, and due t	o the cause(s) and mann	er as stated,
8	2 MEDICAL EXAMINER: On the basis of examination and/or im	restigation, in my opin	on, death occured at the t	ime, data and place, and	due to the cause(s) end manner as stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUM	BER	29d. DATE SIGNED (Month, Day, Year)
0	7. Edwin elman 14/		1045	66	1/5/95
- 1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)	10	nº 3	1 /1 /
	1. Edmondson JIT.6 C 3505	HOULI	15 Buvvi	ew Gretz 1	Bay 17 Mbl. 21224
- 1	31. DATE FILED (Month, Day, Year) 32 PEGIST BARY LINE LINE	1	1	7	7
	JAN U 9 1995	/	/		



permit. Pages 1, 2, 3 should

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BION OF VITAL RECORDS ,	The Party of the P
Sec.	-

TO THIS OF THIS OF THIS PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE WINDS A DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	in memorials are death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.	the second of the second section and the second sec
E HO	Z	ed will	SAWA.
0	10	20	971

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95 00214 Item # 20b film # q 719 1-9-95 N.A. Per Funeral home STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR ELLEN REBECCA BOLLING **JANUARY** 1995 5:00 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 T F 212-30-0976 YRS. 61 NOV.4,1933 BALTIMORE 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 6228 FALLS ROAD BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6228 FALLS ROAD 212 - 09U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Ricen, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES ВУ Specify: 3 🔯 Widowed 4 🗌 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 12TH GRADE HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Ħ WALTER S. WILLIAMS MADELINE D. BREWER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 MRS. KAREN S. TITUS 6228 FALLS ROAD - BALTIMORE, 21209 MD e 20a. METNOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State DATE must 4 Donation 5 Other (Specify) LOUDON PARK CEMETEERY 1/10 BALTIMORE examiner 21. SIGNATURE OF FUNERAL SERVICE LICEL 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 23. PARTI. Enter the disease, or complications that ceused the deeth. Do not anter the mode of dying, auch ea cerdiec or reepiratory arrest, Approximate shock, or heert fellure. List only one cause on each line. intervai Between IMMEDIATE CAUSE (Finel Onset and Death ine. disease or condition resulting in death) DUE TO (OR AS CONSEQUENCE OF): ased CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other applicant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED WAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 NO OF DEATH? emen 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one **EXAMINER?** HOSPITAL: OTHER: 1 JYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) ER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO ВҮ 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, fectory, office 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner ee stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) end menner as stated. 29b, SIGNATUR AND TITLE OF CERTIFE BE

29d. DATE SIGNED (Month, Day, Year) 29c, LICENSE NUMBER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) JAN 0 9 1995

Devotes Rarles

with mark the grant of the

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with now instituted to the hospital or attending physician.

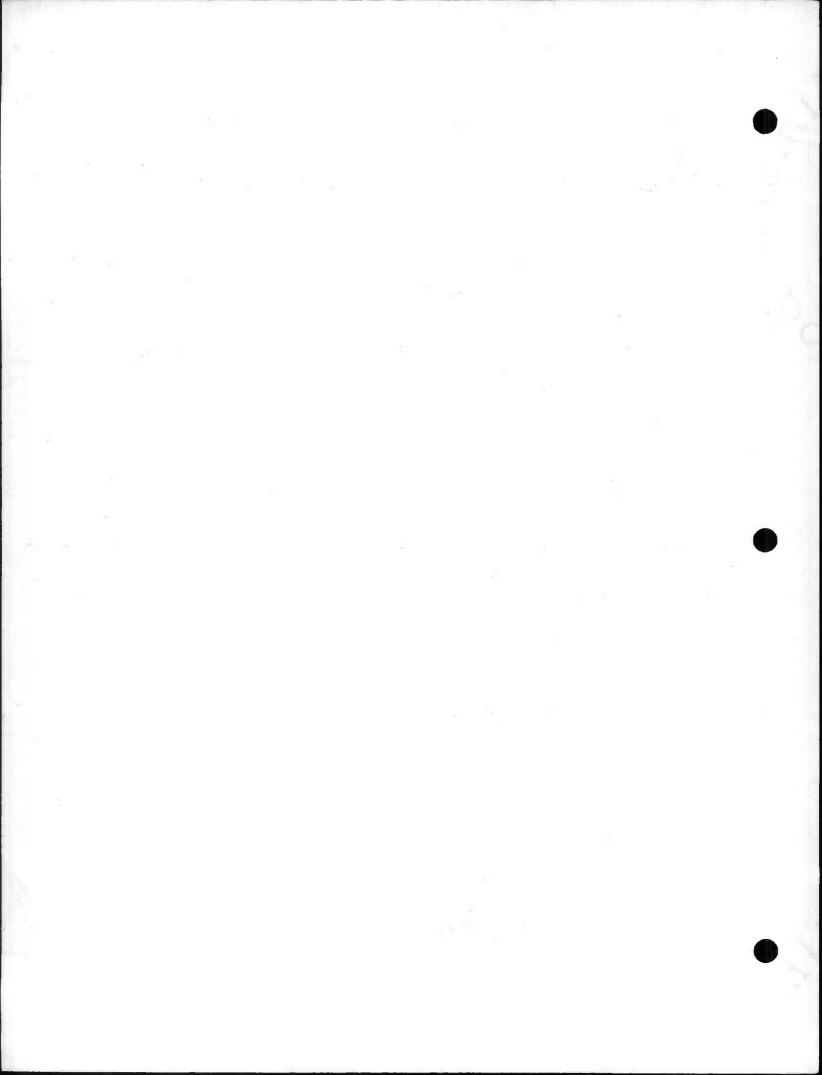
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE STATE CF MANYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH				
	WILLIAM J BRANAGAN Jan. 07 85 10-20 Aum.				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In VIS. Inst birthday) IF UNDER 1 VEAR IF UNDER 24 HRS 7. DATE OF BURTH 8. BURTHURI ACE (State of Section of Sect				
100	212-10-1001 1 M 2 F 78 YRS. MONTHS DAYS HOURS MIN. (Morth), Day West) 1/21/1916 Maryland				
	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH				
OR	Church Home Hospital Baltimore				
5	RESIDENCE OF DECEDENT 100, STATE 100, COUNTY 100, CITY TOWN OR LOCATION 10				
DIRECTOR	Md log inside the				
	723.63 1 10				
RA	14.700 CO. LI CONTROL OF WHAT COUNTRY?				
N N					
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No—Bleck, White, etc. Specify: White				
	15. OECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS (MIN				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)				
A P	8 Steel Worker Bethlehem Steel				
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Sumeme)				
8	Patrick Branagan Ellen Cochran				
2	19e. INFORMANT'S NAME (Type/Print) Jean Branagan 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1722 Gough Street, Balto., Md. 21231				
	20s. METHOD OF DISPOSITION #UBuriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACEAND DATE OF DISPOSITION (Name of Cemellary, cremation, or other elace) New Cathedral Cem. 1/10 Baltimore, Md.				
1	21. BIGHATURE OF FUNEHAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY				
	21231				
\vdash	Lilly & Zeiler Inc. 1901 Eastern Ave				
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart feliure. List only one cause on eech line. Approximate interval Between				
	IMMEDIATE CAUSE (Finel disease or condition				
	disease or condition resulting in death) e. Due to (or as a consequence of):				
z	GI.Bluco				
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):				
3	Cause. Enter UNDERLYING CAUSE (Disease or Injury				
造	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST				
员	d.				
اد	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24e. WAS AN AUTOPSY FINDINGS				
ICAL	Can cer of hung, cronary Arteny Discon PERFORMED? AMALABLE PRIOR TO COMPLETION OF CAUSE OF FRATER OF FRATER OF FRATER OF F				
MED	1 YES 2 NO				
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO				
N	25. WAS CASE REFERRED TO MEDICAL EXAMINER? ACCRUSAL 28. PLACE OF DEATH (Check only one)				
Sic	HOSPITAL: 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Recidence 6 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH 269. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED INJURY				
ВУ	1 Netural 5 Pending				
	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Yown, State)				
ETE	An Appropria				
AP.	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.				
COMPL	2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner se stated.				
BE (29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)				
TO E	Mansor Machine MO. 144378 117/95				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)				
	MANJOOR MAITMOOD 2500 ICNIGHTS RU. 53-05 BENJALEM PA 19020 31. DATE FILED (MONTH, Day, Yber) 1. 102. REGISTRATE SIGNAME				
	31. DATE FILED (Month, Day, Your) AN 0 9 1995 Julia Daublin 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				



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DIVISION OF VITAL RECORDS P.O. BOX 68760

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	l i	Ennest L. B	newn				Jan 2	1995	7206 PM
	1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1	HPLACE (Stata or Foreign
		214-50-4807	M 2 DF 47	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cour	try)
should	DIRECTOR	9a. FACILITY NAME (If not institution, give street	at and number)		9h CITY TOWN	OR LOCATION OF DE	Mar 4,	9c. COUNTY OF	alt-MD
3 84		01. 11. 7	/		17 /1		2111	D. COUNTY OF	L A 7
6		RESIDENCE OF DECEDENT							
- SS		10e. STATE 10b. COUNTY		10c CITY	, TOWN OR LOCA	TION			
Page		MARINANIA	AL /A	100.011	10 111 011 2001	inon		- 1	10d, INSIDE CITY LIMITS?
permit. Pages		MARYLAND	V/A		BAL	TIMORE	2 017	1/	1 YES 2 NO
	FUNERAL	10e. STREET AND NUMBER			10	N. ZIP CODE		/10g. CITIZEN OF	WHAT COUNTRY?
DZU physician. buńal-transit	單	5043 TEMBRIDGE AVENUE 21215 USA.							
Z I S-UUZU attending physician se as the bunal-tra	5		2. WAS DECEDENT EVER IN				IC ORIGIN? (Specify Yas		E — American Indian,
UUCU ig physic re burial		1 Never Merried 2 Married	FORCES? 1 YES	TES NO		pecify Cuben, Mexical S 2 🕱 NO Specify		Blac	ck, White, etc.
ding the	BY	3 Widowed 4 Divorced			1	opoony		1.3	LACK
Z I 5 r attend use as	ETED	15. DECEDENT'S EDUCAT	TION	16a. DECEDENT'S			16b. KIND OF BUS	SINESS/INDUSTRY	,
	E	(Specify only highest grade co-	College (1-4 or 5 +)	(Give kind of w life. Do NOT us	ork done during m e retired.)	ost of working			
poital p	7	12THGRADE	somege (1-4 or 5 +)	MARIL	110 (PERATO	a FA	TORI	
the hospital or detached for u	COMPL	17. FATHER'S NAME (First, Middle, Last)		· · / I CFI	NE C				
be det		EDMEST	BO	6 (1) 0/		18. MOTHER'S NAI	ME (First, Middle, Melden		
ad by	BE	12KN651	BRO		JR	EVEL	-YN		WARD
retained 5 should notified	70	19e. INFORMANT'S NAME (Type/Print)	_ /	19b, MAILING	ADDRESS (Street	and Number or Rural F	loute Number, City or Tow	n, State, Zip Code)	
2 2 5	-	ELEASE ,	BROWN	3043	PEMA	RIDGE A	VE. BALT	TIMORE.	10,2/2/5
may be or, page		200 METHOD OF DISPOSITION	20b. I	PLACE AND DATE O	F DISPOSITION (N	ame of	OATE 20c. LO	CATION - City or T	MO, 2/2/5 own, State
) w & 2	l	1 Buriel 2 Cremetion 3 Remove 4 Donation Donation	I Irom State ceme	CODLA	her place)	METERY			
Page Il dire		21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE O	UULLA		ND ADDRESS OF FAC	1-6-79 YU	16/1/101	E, MD.
death. Pag funeral di examiner	ĺ	The state of the s							
r death. R funeral.		JOSEPH H. BROWN JR. FUNERAL HOME P.A. 1913 W. BALTIMORE STREET, BALTIMORE, MD. 21223							
C 3 2 at		23. PART I. Enter the diseases, or con	nplications that caused	the death. Do n	ot anter the mo	ode of dving, such	an cardiac or respi	iretory arrest	Approximate
d in t or re		ahock, or heart failure. Lis	it only one cause on ear	ch iina.		, , , , ,		iotory arreat,	interval Between
		IMMEDIATE CAUSE (Final	1./	, , , , , , , , , , , , , , , , , , , ,	- \/				Onast and Death
within pletely fille cremation, rent, the		disease or condition resulting in death) a. He patic Failure Due TO (OR AS A CONSEQUENCE OF):							1 L luss
od within complete	z		DUE TO OR AS A	CONSEQUENCE OF):				
executed and con o bunal, matic er			- Renn	e F	acture				-3 mm
n and to bur	은비	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):							
ficate be physician ne prior to	S cause Enter UNDERLYING E to H abuse								4/40
in phy									100
, 0 bt =	RTIF	resulting in death) LAST							
= = 0 -	빙	d							
the deal y the att od Menta in jury,		PART II. Other aignificant conditions of	contributing to death bu	t not resulting in	n the underlyln	g cause given in i	Part I. 24a, WAS AN	AUTOPSY 24	. WERE AUTOPSY FINDINGS
	EDICAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
igner igner							1 YES 2	OK40	OF DEATH?
requires been sign of Heaf	Σ						7		1 TES 2 NO
law ras be bept. 23 s	AN	DID TOBACCO USE CONTRIB	SUTE TO CAUSE OF	DEATH YE	S 🗆 NO 🗆	UNCERTAIN	1231		` '
SICIAN: The law requires the certificate has been signed in the State Dept. of Health is, or Item 23 shows an	S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		8. PLACE OF DEAT					
AN: ifficat	S		OSPITAL:	tient 3 DOA	OTHER:	ne 5 🗆 Residence	8 Other (Snavih)		
PHYSICIAN: this certifica with the St	PHYSICI	27. MANNER OF GEATH	28e. DATE OF INJURY	28b. TIME	OF 28c. IN.	JURY AT	28d. DESCRIBE HOW II	NJURY OCCURED	
NG PHYS fter this cath with marked,	111	1 Natural 5 Pending	(Month, Day, Year)	INJU	JRY WO	YES 2 NO			
After death	B	2 Accident Investigation	200 DI ACE OF IN HURY						
ATTENDING ECTOR: After s after death		3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif)	(y)	reet, factory, offic	:•	281. LOCATION (Street e City or Town, State)	and Number of Rural	Route Number,
OR ATTENDING DIRECTOR: After hours after death						=			
	7	29a. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) and manner as stated.							
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: It	COMPL	one) 2 MEDICAL EXAMINER: On the beals of exemination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated.							
HOSP! FUNEF within		29b. SIGNATURE AND TITLE OF CERTIFIER			10 10 40				
물 물 물 등	B	250. SIGNATURE AND TITLE OF CENTIFIER	MAN			29c. LICENSE NUM	BER VL 9833	29d. DATE SIGNE	(Month, Day, Year)
5 5 3 X	o	A5 240 2321 00 -2							2, 1995
	-	30. NAME AND AODRESS OF PERSON WHO C	OMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type,	Print)	,		1	/
	1	Vincent Lee 2401 W. Belvedere Balt. MD 21215							
		31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNAT		- VCIA	1 14	1.1 - ()	1 -16	
		JAN 0 9 1995 Julia	Awder Randell	/					
l l		JAN U U JJJJ JULA	A manger screen	2					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68769

FOR STATE

	REGISTRAR		CERTI	FICATE	OF DEATH	REG. N	0.	
	1. DECEDENT'S NAME (First, Middle, Last)				-	2. DATE OF DEATH		3. TIME OF DEATH
	RICHARD E. BRADY	, Jr.	•			JAN.04,	1995 YE	16:56 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 216 94 237.5 1 ☑ M 2 □	CO. HILLSON	(In yrs. last birthday	IF UNDER	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 5,	1968 M	HERTHPLACE (State or Foreign Jounty)
	9e. FACILITY NAME (If not institution, give street end number)			9b. CITY,	TOWN OR LOCATION OF D	PEATH	9c. COUNTY	OF DEATH
DIRECTOR	NORTHWEST HOSPITAL RESIDENCE OF DECEDENT				dallstown		CARR	Balto.
光	10e. STATE 10b. COUNTY		10c. C	TY, TOWN O	LOCATION			10d. INSIDE CITY LIMITS?
	Md. Carroll			Wes	tminster			1 TYES 2X KNO
FUNERAL	901 Bear Branch Road	i			101. ZIP CODE 21157		U.S.A	OF WHAT COUNTRY?
	IF YES GIV	ENT EVER II	2 NO	lf lf	AS DECENDENT OF HISPA yee, specify Cuben, Mexic YES 2 XNO Speci	an, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify:
В	3 Widowed 4 Divorced			1	_ rea ast and chack	·y.		ite
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		18e. DECEDENT	work done di	CUPATION ring most of working	18b. KIND OF B	USINESS/INDUST	RY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 1 2	8+)	Roofer	use retired.)	ing those of working	Richa -Richa	rd Bra	dy Roofing
№	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maide		
BE	Richard Edward Bra	ady,	Sr.		Joan	L. Fink	ner	
2	19e. INFORMANT'S NAME (Type/Print)		19b, MAJLIN	G ADDRESS	Street and Number or Rural	Route Number, City or To	wn, State, Zip Code	•)
-	Rjichard E. Brady, Si	2.	901	Bear	Branch R	d. Westm	inster	, Md. 21157
	20e. METHOD OF DISPOSITION 1 💢 Buriel 2 🗆 Cremation 3 🗀 Removal from State	20b	D. PLACE AND DATE	OF DISPOSIT	ION (Name of	DATE 20c. L		
	4 Donetion 5 Other (Specify)		estlaw		n. Garden		, 1995	Marriotts- ville, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	t			Haight O.Box 195	Funeral	Home	
	resulting in death)		IC INTOXIC					Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury		A CONSEQUENCE					
E	d							
EDICAL	PART II. Other significant conditions contributing	to death b	out not resulting	In the und	sriying causs given in		RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2	DID TOBACCO USE CONTRIBUTE TO C	ALISE O	E DEATH Y	ES [] N	O UNCERTAL			1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DE					
SIC	EXAMINER? 1 CYES 2 NO 1 Inpetient	K∑ ER/Outp	patient 3 DOA	OTHER:	g Home 5 - Residence	® □ Other (Specific)		
РНУ	27. MANNER OF DEATH 28e. DATE	OF INJURY	28b. TI	ME OF	8c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURE	D
ВУР		. Day, Year) 1-4-95		OMN w	WORK? 1 YES 2 NO	UNKNOWN		
	3 Suicide & KK Could not be 28e. PLACI	ig, arc. (Spec	— At home, farm.		y, office RESIDENCE	28t. LOCATION · 4 City or Town,	JOT REVE	RING CI.
LET	29a. CERTIFIER					WESTWINSTER		STERSTOWN, MD.
COMPLI	(Check only one) 2 MEDICAL EXAMINER: On the beet of							se(e) and manner se stated.
	286 SIGNATURE AND TITLE OF CERTIFIER		^		29c. LICENSE NUI		T	
TO BE	(aron lock	em	0		OCM			.05,1995
	TAKEN WHO COMPLETED CO	USE OF DE	111 P		treet, Ba	ltimore,	Maryl	and 21201
	31. DATE ALED MONTY DON 1995 July Student	RAR'S SIGN	ATURE					

If item

18 10

31. DATE FILED (Month, Day, Year)

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INFRAL D.

SPITAL

	. Pages 1, 2, 3 shou		
L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
h. Раде 6 may be	eral director, page		miner must be
- hours after deal	filled in by the fun	ion, or removal.	he medical exa
be executed within	ian and completely	hours after death with the State Dept. of Health and Mental Hygiene phor to bunal, cremation, or removal.	aumatic event, t
e death certificate	the attending physic	Merital Hygiene pri	ijury, or other tr
aw requires that the	s been signed by	ppr. or meann and	3 shows any in
PHYSICIAN: The I	this certificate ha	WITH THE STATE DA	irked, or Item 2
L OR ATTENDING	DIRECTOR: After	nours arter death	item 28 is ma

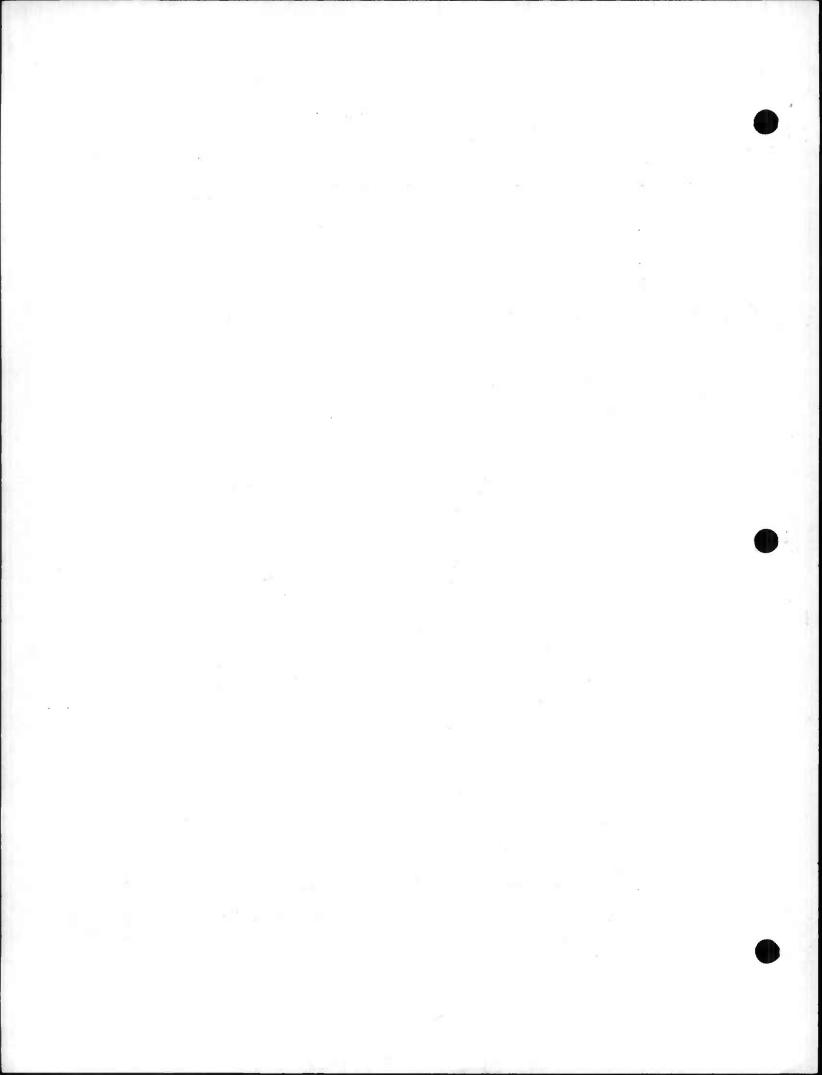
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95 00218 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH 1 4 - 9 5 AR 1. DECEDENT'S NAME (First, Middle, Last) Irvin 3. TIME OF DEATH Francis Coppage, Sr. 11:45 Trancis 4. SOCIAL SECURITY NUMBER 6 051 IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign 10-16-1912 1 M 2 F Maryland 9a. FACILITY NAME (If not institution, gi 9c. COUNTY OF DEATH Veteran's Hospital, GreeneSt DIRECTOR Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1 YES 2 NO Maryland FUNERAL 10e. STREET AND NUMBER 101, 71P CODE 10g. CITIZEN OF WHAT COUNTRY? 3838 Roland Avenue 21211 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Ricen, etc.) Specify: White 1 YES 2 NO Specify ВУ 3 Widowed 4 Divorced 41-43 Navy COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specif Elementary/Secondery (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) William C Coppage Harriett BE Go 1 t 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs Ruth Coppage 3838 RolandAve, Baltimore, MD 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 4 X Donation 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROTI 2 d Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.BaltimoreSt,Balto.,MD21201 ATT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition Sepsis) da resulting in death) DUE TO (OR AS A CONSEQUENCE OF): tract injection CERTIFICATION ofu Sequentially list conditions, DUE TO (OR AS A CONSEQUE if any, leading to immediate CAUSE (Disease or injury that initiated eventa DUE TO (DR AS A CONSEQUENCE OF) resulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPS MEDICAL PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 OF DEATH? AO 1 TYES 2 PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO [25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: No etlent 2 - ER/Outpetlant 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY 3 Sulcide 28f, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicid 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On ation end/or investigation, in my opinion, death occured at the time, date end placa, end due to the cause(e) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OF 2. REGISTRAP'S SIGNATURE

DHMH-16 Rev 1/89



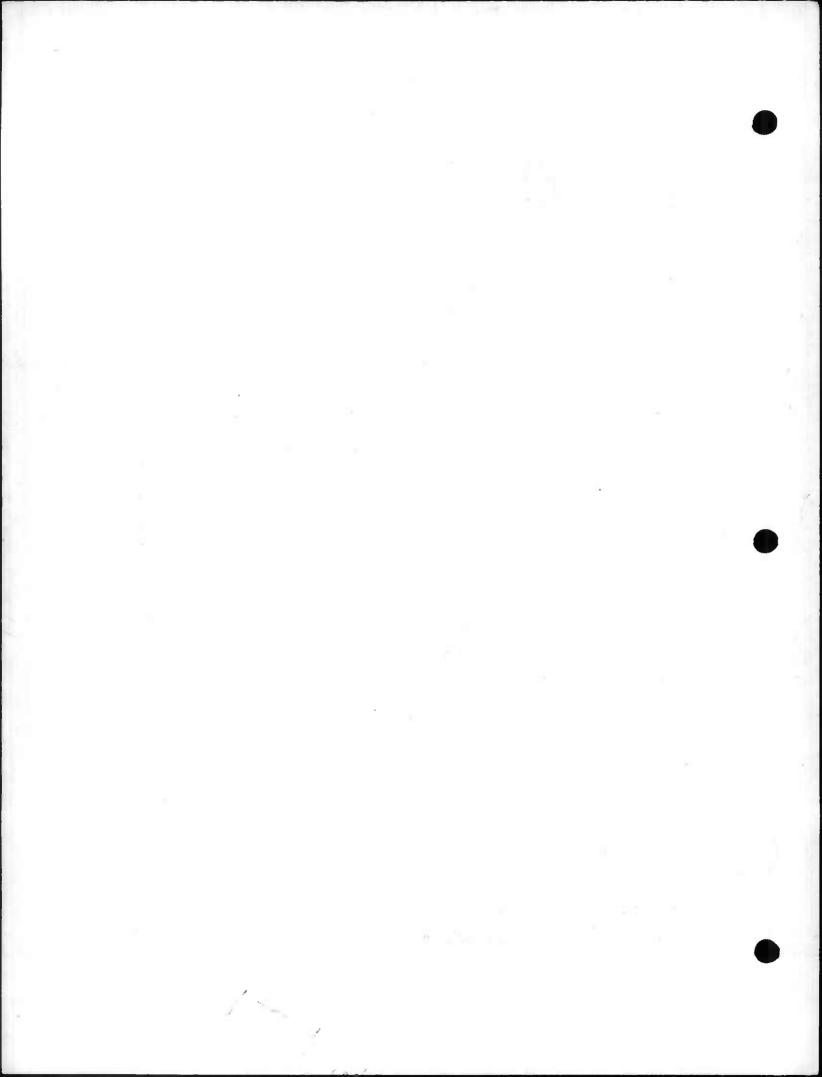
BALTIMORE, MARYLAND 21215-0020

TO HE LOSSILL OF ATTENDING PHYSICIAN: The law requires that the death carlificate be executed with

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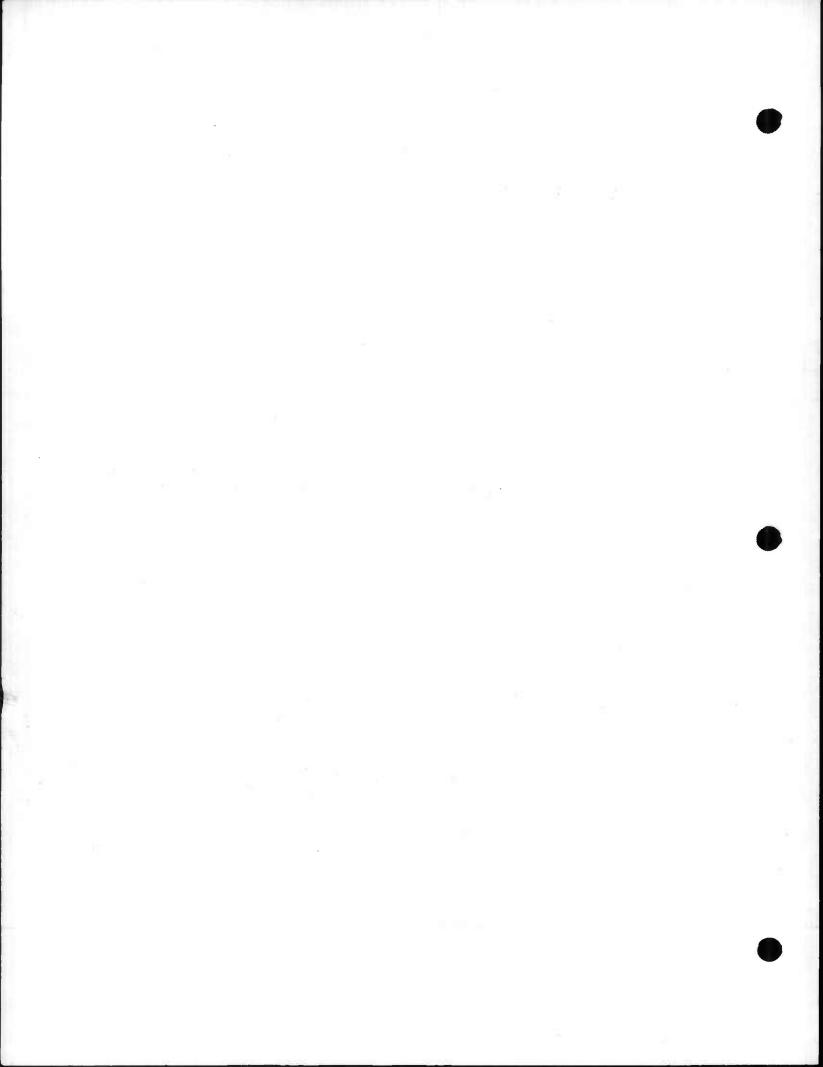
Item#6 Per F.H. Film#719 01/10/95 R.M.
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO				
		1. DECEDENT'S NAME (First, Middle, Last)		MILLE	- <	2. DATE OF DEATH MONTH DA		3. TIME OF DEATN		
		4, SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday) IF U		01 0	3 95	8id OF M		
		h	1 M 2 F 70 1	yrs. Alist birthday) IF U	HOER 1 YEAR IF UNDER 24 HRS. HIS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign intry)		
should		9a. FACILITY NAME (If not institution, give street	at and number)	, 1 9b, (CITY, 70WN OR LOCATION OF D	- // // //	9c. COUNTY OF	DEATH CITY		
1, 2, 3 sl	DIRECTOR	Bons Securi	5 2056	ortall	Balto					
Pages	REC	10a. STATE 10b. COUNTY			VN OR LOCATION			10d. INSIDE CITY		
		Md		BAL	timore			1 TYES 2 NO		
burial-transit permit.	FUNERAL	2733 RAYNER	AVENU	LE	101. ZIP CODE 2/2/	6	10g. CITIZEN OF	WHAT COUNTRY?		
e burial-t	BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EYER IN U FORCES? 1 YES IF YES, GIVE-WAR OR DATE	I.S. ARMED 2 NO ES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Specify Cuban	an, Puerlo Rican, etc.)	Bla	CE — American Indian, ack, White, atc.		
as the	ED B	15. DECEDENT'S EDUCA	TION	6a. DECEDENT'S USUA				BLACK		
ned for use		(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of work d life. Do NOT use retin	one during most of working	In /a	nd Ste	e/ co.		
d be detached	E COMPL	17- PATHERO NAME (First, Middle, Last)	ates) _	AME (First, Middle, Malden	Surname) R	binson		
je 5 should a notified	TO B	Shella Mo	thews	196, MAILING ADDR	RESS (Street and Number or Rural	Poute Number, City or Tow	n, State, Zip Code)	d 21229		
director, page er must be		20a METHOD OF DISPOSITION 17 Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)		LACE AND DÂTE OF DIS	POSITION (Name of Vet	9 /95 O	CATION - City or Wings	Town, State Mills med		
funeral		21. SIGNATURE OF FUNEBAL SERVICE LICE	Marila	1	22. NAME AND ADDRESS OF FA	L. West	B- 11	21215		
d in by the or removal. medical e		23. PART i. Enter the diseases, or con	mplications that caused t	he deeth. Do not er	nter the mode of dying, such	th as cardiac or reapi	ratory arrest,	Approximate		
ompletely filled in 1, cremation, or n event, the med		shock, or heart failure. Lie iMMEDIATE CAUSE (Fine) disease or condition resulting in death) a.	Acute	Respira	tong Pailme	*		Interval Between Onset and Death		
D . 5	_		DUE TO (OR AS A C	ONSEQUENCE OF):	neumonia					
ician and crior to burist	CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):	,					
50	CA	CAUSE (Disease or Injury								
ling phy ygiene other	RTIFI	that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):						
the attend Mental Hy Njury, or	CER	d.								
ned by alth and any in	MEDICAL	PART II. Other significent conditions Hefatty	contributing to death but	. 1/		Part I. 24a, WAS AN PERFOR	IMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
been sig f. of Hea shows		DID TOBACCO USE CO	ONTRIBUTE TO C	AUSE OF DE	ATH YES IN			1 NES 2 NO		
e has be Dept	SICIAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATN (C					
certificate has been sign the State Dept. of Hei	Sic		HOSPITAL:		HER: Nursing Nome 5 - Residence	6 Other (Specify)				
this cer with th	PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	26d. DESCRIBE HOW I	NJURY OCCURED			
After this c death with s marked,	BY	1 Natural 5 Pending 2 Accident Investigation			1 YES 2 NO					
after di	ETED	3 Suicide 8 Could not be datarmined	28a. PLACE OF INJURY — building, atc. (Specify,	At home, farm, street,	factory, offica	261. LOCATION (Street a City or Town, State)	ind Number or Rura	il Route Number,		
in Zours	COMPLE				he time, data and place, and during opinion, death occured at the			s(a) and menner as stated.		
21/2		29b. SIGNATURE AND TITLE OF CERTIFIER	2 2 20		29c, LICENSE NU			ED (Month, Day, Year)		
P 2 M	TO BE				D17.	537	1-1	1-95		
		DARSHAN S	V		V. MOUNTRY	yol Ave,	Balto	, 21217		
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATI	URE LL						



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		1 - FOR STATE OF MARYLANI	D / DEPARTMENT	T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DE	EATH
		Amanda Geneva CORBI	ETT		January 6,1	1995 YEAR 2:25	Р м
		204 40 ====	s. lest birthday) IF UNDER MONTHS	1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Country)	Foreign
3 should		224-16-5002 1 M 2 X F 8 9e. FACILITY NAME (if not institution, give street and number)	5 YRS.	, TOWN OR LOCATION OF D	Feb. 16,190		ia
1. 2, 3 %	тов	Franklin Square Hospital		Rossville		Baltimore	
it. Pages	DIRECTOR	Maryland 10b. COUNTY	10c. CITY, TOWN O	altimore Cit	.y	10d. INSIDE CIT LIMITS? 1 [X YES 2 [
n. Insit perm	FUNERAL	106. STREET AND NUMBER 3220 Berkshire Ro	ad	10f. ZIP CODE	1214	United State	
ording physician. the burial-transit permit, Pages 1, 2,	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	X NO	WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica 1 YES 2 NO Specif	n, Puerto Ricen, etc.)	No— 14. RACE — American Ind Black, White, atc. Specify: White	
the hospital or attending detached for use as the	PLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 12	DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.) HOMEMAKE	during most of working	16b. KIND OF BUSINE	SS/INDUSTRY	
the hospital detached to	COMPL	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden Surr	nemel	
2 2 E		William E. Kneip	le		A. Erhard		
be retained be 5 should be notified	2	19a. INFORMANT'S NAME (Type/Print) Herbert V. Corbett		s (Street and Number or Rural rkshire Road	Route Number, City or Town, St		14
e 6 may be ector, page		1 ☐ Burlai 2 ☐ Cremation 3 ☐ Removal from State cametery	CEAND DATE OF DISPOS Coremetory or other place) Itod Servi	SITION (Name of		ION — City or Town, State	
death. Page 6 may be funeral director, page examiner must be examiner must be		as allowed and an arrival and arrival and arrival and arrival and arrival and arrival and arrival and arrival and arrival arrival arrival and arrival	ight Jr 22.	NAME AND ADDRESS OF FA	Leonard .	J. Ruck, Inc. more, Md. 2121	
ours after d in by the or removal.		23. PART I. Enter the diseases or complications that caused the shock, or heert fature. List only do cause or each				ory arreat, Approxim	mate
filled i		iMMEDIATE CAUSE (Finel disease or condition resulting in death)				Onset an	Batween and Death
P 0 5	z	DUE TO (OR AS A CON	ISEOUENCE OF):				
sician a	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	ISEOUENCE OF):				
ath certifica thending phy at Hyglene or other	CERTIF	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	ISEOUENCE OF):				
the dead of Memba	LO	PART II. Other significant conditions contributing to deeth but no	ot resulting in the ur	derlying ceuse given in	Part I. 24a. WAS AN AUT	TOPSY 24b. WERE AUTOPSY	FINDINGS
nequires that to or Health and shows any la	MEDICA				PERFORMED	NO AMAILABLE PRIOR COMPLETION OF OF DEATH?	F CAUSE
s been	ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF D	EATH YES []	NO E UNCERTAIN	<u> </u>	1 TES 2 T) NO
The The It	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. P. EXAMINER? HOSPITAL:	LACE OF OEATH (Check				
CLAN: ertifica the St.	YSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatient		1: sing Home 5 ☐ Rasidence	8 Other (Specify)		
ter this certifically with the St branked, or It	ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJUI	RY OCCUREO	
ATTENDING STEEN ATEN STATES TO	TED	3 Suicide 8 Could not be 4 Homicide 8 Could not be detarmined	t home, farm, street, fact	ory, office	281. LOCATION (Street and I City or Town, State)	Number or Rural Route Number,	
HÜSPITAL OR FUNERAL DIB WITHIN 72 PER	COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, one) 2 MEDICAL EXAMINER: On the basis of examination and					stated.
TO THE HOSPIA TO THE FUNERS SE SHICK WITHIN 7	TO BE	29b. SIGNATURE AND TITLE OF CARTIFIER		D 450		d. DATE SIGNED (Month, Day, Year,	0
	-	Dr. Abdul Siddiqui 9000 Frankl	in Square	Dr. Baltimon	e, Maryland	21237	
		JAN U & 1995	E				



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DIVISION OF VITAL RECORDS, P.O. BOX 68

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	Irvin	C	ARRAWAY			January 1		10:40 a			
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	8. 8	BIRTHPLACE (State or Foreign			
	212-60-6326	1 🕅 M 2 🗌 F	42 YRS.	NTHS DAYS	HOURS MIN.	MAR. 30,	1952	MARYLAND			
	9a. FACILITY NAME (If not institution, give s	treet and number)	96	CITY, TOWN C	R LOCATION OF OR	ATH	9c. COUNTY	OF DEATH			
DIRECTOR	FRANKLIN SQUAR	E HOSPITAL		BA	LTIMORE		Baltim	ore County			
E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	(10c. CITY. TO	OWN OR LOCAT	ION			10d. INSIDE CITY			
E C	MARYLAND		. 4.2		ALTIMORE	CITY		LIMITS?			
	10e. STREET AND NUMBER				ZIP CODE	0111	10a, CITIZEN	OF WHAT COUNTRY?			
ER/	3412 WOODBINE	AVENUE			21207		USA				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED			IIC ORIGIN? (Specify Y	na or No- 14.	RACE — American Indian,			
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			city Cuban, Maxica 2 X NO Specify	n, Puerto Ricen, etc.)		Black, White, atc. Specify:			
							B	LACK			
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade	completed)	(Give kind of work life. Do NOT use re	done during mo-		16b, KIND OF B	JSINESS/INDUST	RY			
7	Elementary/Secondary (6-12) 12th GRADE	College (1-4 or 5+) 4YRS	CLERK			STATE	COVE	RNMENT			
M	17. FATHER'S NAME (First, Middle, Last)	TIND	CEERR		40 1407145010 114	ME (First, Middle, Malde		KNPIENI			
	The state of the s	ARRAWAY			HILDA	ME (First, Miodie, Maide	BRYANT				
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street a		Route Number, City or To		(e)			
2	DARRYL	BRYANT						MD. 20784			
	20a. METHOD OF DISPOSITION	20b	PLACE AND DATE OF D				OCATION — City				
	1 Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	ME'.	fro" Cremat	ÖRY		1-4-95 BA	LTIMORE	, MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0	NAME AN	D ADDRESS OF FA	WN JR. FU	VEDAT LI	OME DA			
	D (Wa	0 01	5	1913	W. BALTI	MORE ST.,	BALTIM	ORE, MD. 2122			
	23. PART I. Enter the diseases, or o	complications that caused	the death. Do not	entar tha mo	da of dying, suc	h aa cardiac or rea	piratory arrest.	Approximate			
	shock, or haart fallura. List only one cause on each line. IMMEDIATE CAUSE (Final										
	disease or condition										
Ì	resulting in death) s. Hypoperiusion DUE TO (OR AS A CONSEQUENCE OF):							12 hours			
Z	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated exercise) Due to (or as a consequence of): Acquired Immune Deficiency Syndrome Due to (or as a consequence of):										
Ĕ											
일											
CERTIFICATION	that initiated events reaulting in death) LAST		onideochide or j.								
CE											
AL	PART II. Other significant condition	s contributing to death be	ut not resulting in th	ha underlying	cause givan in		N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
8						1 YES	2 [NO	COMPLETION OF CAUSE OF DEATH?			
M								1 TES 2 NO			
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTI				UNCERTAIN	<u> </u>					
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C	THER:							
17S	1 ☐ YES 2 💢 NO 27. MANNER OF DEATH	1 X Inpetient 2 - ER/Outp				6 Other (Specify)					
	1 🔀 Natural 5 🗌 Pending	(Month, Day, Year)	26b. TIME OF		RK?	28d. DESCRIBE HOW	INJURY OCCURE	ED			
BY	2 Accident Investigation 3 Suicide & Could not be	26s. PLACE OF INJURY	— At home, term, stree		ES 2 NO	261, LOCATION (Street	and Number or B	tion! South Number			
	4 Homicide 6 Could not be	building, stc. (Spec	ffy)	,,		City or Town, State		are route number,			
9	29a. CERTIFIER 1 X CERTIFYING PHYSIC	CIAN: To the heat of my knowl	ados doub assumed at	and all and			o session i				
COMPLETED		CIAN: To the beat of my knowl R: On the basis of examination						use(s) and manner as stated			
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN						
BE	9	und				IDEN		SNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO		ATH (ITEM 27) (Type, Prin	it)	7578		ary 3, 1995				
	David Trevino, M.F.	9000 Fman	klin Saua		70 Role	imoro MD	21227				
	31. 974 (1-em 97.1995) Ju	AS DESCRIPTION OF	E Squa.	LC DIII	Dall.	rmore, MD	Z1Z3/				
	AUIA A 1000										

1	-	FOR STATE REGISTRAI
	1 4	ECEDENT'S N

	REGISTRAR		CE	HILL	ICALE	: OF	DEAL	Н		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) VICTORIA H. CLARK								2. DATE O	ARY 5	**1995	YEAR	3. TIME OF DEATH 2:30PM M
	4. SOCIAL SECURITY NUMBER 219-28-8863	5. SEX 1 M 2 XXF	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER :	24 HRS. MIN.	7 DATE O		Т.	. BIRTHE	PLACE (State or Foreign) MD
8	9a. FACILITY NAME (If not institution, give a MERIDAN NURSING CENTER		OR .				OR LOCATIO	N OF DE		2521(57	9c. COUNT	Y OF DE	EATH
ΚI	RESIDENCE OF DECEDENT										<u> </u>		
DIRECTOR	MARYLAND 106. COUNT	Y			, TOWN O								10d. INSIDE CITY LIMITS? YES 2 \(\text{\text{NO}}\) NO
FUNERAL	3330 WILKENS AVENUE					101	. ZIP CODE	2	1229		100		HAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 N		13. V	yes, sp	ENDENT OF	F HISPANI , Mexican Specify:	IC ORIGIN?	(Specify Yes		A. RACE	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Gh	ve kind of w Do NOT us	e retired.)	uring mo	ON est of working	7	16b. ((IND OF BUS	SINESS/INDUS	STRY	
Ž					OMEMA	KER							
BE CO	17. FATHER'S NAME (First, Middle, Lest) JOHN WISNIEWSKI	<u> </u>					_		KUCIE	ddie, Maiden J	Sumame)		
10	190. INFORMANT'S NAME (Type/Print) JOHN J. CLARK		19b. 26	MAILING 514 HA	ADDRESS	(Street e	nd Number o	or Aural A	RE, MA	r, City or Town	n, State, Zip C		
	20s METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A	ND DATE O	F DISPOSI	TION /No			DATE	20c. LO	CATION — CH YLAND	y or Tow	rn, State
	21. SIGNATURE OF FUNERAL SERVICE US	Sole.	D		22. N CHA 150	RLES		EVENS	S FUNE		ME, INC		21230
	23. PART I. Enter the diseases, or	omplications that	caused the dea	th. Do n									Approximata
	ahock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Myo	e on eech lina.	12	c/.								Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (C	S CV DR AS A CONSED	UENCE OF):					7.5			
EDICAL (PART II. Other significent condition	e contributing to d	eath but not re	sulting l	n the unc	ierlying	g cause gi	ven in F		PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	DID TOBACCO USE CONTI	RIBUTE TO CAU	ISE OF DEAT	TH YE	S 🗆 N	10 🗆	UNCE	RTAIN					1 TES 2 NO
∥ ؉	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE	OF DEAT	H (Check o	nly one)							
PHYSICIAN	1 YES 2 NO	HOSPITAL: 1 Inpetient 2	ER/Outpetient 3	DOA	OTHER		e 5 🗆 Res	Idence *	Coba-	Specific)			
<u>}</u> ∥	27. MANRER OF DEATH	28e. DATE OF II				_					HIEV COO!	BEO	
286. DATE OF INJURY 1 Neturel 5 Pending 2 Accident Investigation 286. DATE OF INJURY (Month, Dey. Year) 286. TIME OF INJURY AT WORK? M 1 YES 2 NO													
ETED	3 Suicide 8 Could not be datermined	28e. PLACE OF building, el	iNJURY — At horr c. (Specify)	ne, ferm, a	treel, fecto	ry, office			28I. LOCAT City or	ION (Street a Town, Stete)	nd Number or	Rural Ro	ute Number,
OMP	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of m											end manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIES		H	7			29c. LICEN						
IO BE		All	Mili	100			22	-3V	30		DATE S	M .	Month, Day, Year) 5, 1995
	30. NAME AND ADDRESS OF PERSON WH	apoli	2 Ka	27) (Type,	Ba	eta	5.1	Nd	21	227			
	31. DATE FILED (NO.19 9 1995 A	2 FGISTRAR	S WAYER										

THE DRATENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician.

If the DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

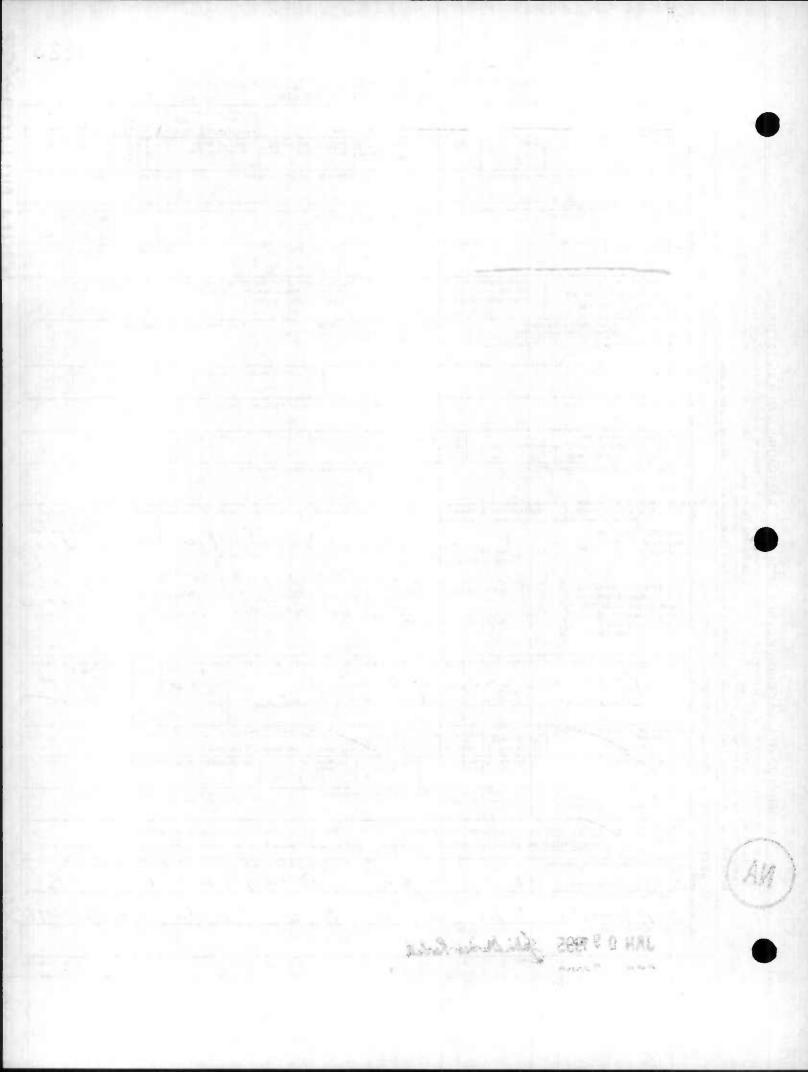
If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	CE	RTIF	CATE OF	DEAT		REG. NO.	C		
	1. DECEDENT'S NAME (First, Middle, Last)		- 1	oweth		2.	DATE OF DEATH			3. TIME OF DEATH
	Erma Montle	- Chen	mi	ith			NUARY O		YEAR	857 A "
	4. SOCIAL SECURITY NUMBER S. BEX	IF UNDER 1 YEAR	IF UNDER 2	4 HRS. 7. 8	DATE OF BIRTH		B. BIRTH	HPLACE (State or Foreign		
	215-07-8290	* 87	YRS.	MONTHS DAYS	HOURS	MIN.	eptember	$^{4}, 19$	907	"Maryland
	Se. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	R LOCATION	N OF DEATH		9c. COI	UNTY OF D	DEATH
O.	Carroll Lutheran Villa	ne e		Westm	niste	or		Car	coll	
2	HESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	30 T	ton CITY	, TOWN OR LOCA						10d. INSIDE CITY
DIRECTOR				,	ion					LIMITS?
	Maryland Balto			Towson	. ZIP CODE			10a CI	TIZEN OF Y	1 YES 2 NO
E E		sant Plain	s Ro			206				
FUNERAL	11. MARITAL STATUS 12. WAS DEC	DENT EVER IN U.S. ARMI	ED	13. WAS DEC	212 ENDENT OF		RIGIN? (Specify Yes		S.A.	E — American Indian, k, White, etc.
	IF YES, G	1 YES 2 ND	-	If yes, sp		Mexican, Pu	erto Rican, etc.)			
BY	3 Widowed 4 Divorced									White
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give	kind of w	USUAL OCCUPATE rork done during me	ON st of working		16b. KIND OF BUS	SINESS/IN	DUSTRY	
Ä	Elementary/Secondary (0-12) College (1-4	or 5 +)	NOT us	14.000			11.0.5			
COMPLET	17. FATHER'S NAME (First, Middle, Lest)		ler		40 1107115	EDIO MARIE A	U.S.F		1.	
						eanor				
BE	Harry K. Chenoweth 190. INFORMANT'S NAME (Type/Print)	196	MAILING	ADDRESS (Street of			Braue Number, City or Tow		in Code)	
2	Arlyne C. Schmalbach			Same a			rumos, ony or low	ii, Otate, Z.	p 0000)	
	200, METHOD OF DISPOSITION	20b. PLACE AN	DDATEC	FDISPOSITION (N	me of		DATE 20c. LO	CATION -	- City or To	own, State
	1 X Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Parkwo	order of	Cemetery	1	/10/9	5	Ito.	Md.	地区 加工工作
	21. SIGNATURE OF FUNERAL BERVICE LICENSES.	11				OF FACILIT	Υ			
	> 19 mald (" Selety)	1					k Funera			
	23. PART I. Enter the diseases, or complications	that caused the deat	th. Do n	ot enter the mo	Hart de of dvin	ord R	d. Balto	ratory a	rest.	Approximata
	shock, or heart failurs. Lift only one cause on each line.									
	IMMEDIATE CAUSE (Final disease or condition	gnes.	sk	and the	Te	and	fa	(L	in	days
	resulting in death) a	E TO (OR AS A CONSEOU	JENCE OF	j:		-	1			0 /
Z	- a a	Terios	el	encle	2 6	- ar	Lion	ns.	ens	Len
E	Sequentially list conditions, if any, leading to immediata	E TO (DR AS A CONSEQU	JENCE OF	"dis	e ora	e.c.	Chron	ue	al	nellan.
3	CAUSE (Disease or Injury	E TO (OR AS A CONSEQU	IENOE OF	Libr	LLS	ne	m			7
E	that initiated events resulting in death) LAST	E 10 (OR AS A CONSEGO	PENCE OF	F						
CERTIFICATION	d									
	PART II. Other algnificant conditions contributing	g to death but not rea	nulting !	n the underlyin	g cause gl	ven in Part	I. 24a. WAS AN PERFOR		246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL	remore	مر ان	2 <u>d</u>	CU	14		1 TYES 2	-		COMPLETION OF CAUSE OF DEATH?
N N	pernenti	a · de	9:	art	hrit	to	100			1 YES 2 NO
		/	f				Married .			
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	•	- 1	26. P	ACE OF DE	ATH (Check o	nly one)			
PHYSICIAN:	1 YES 2 NO 1 Inpatient	2 ER/Outpatient 3		4 Nursing Hon	o 5 🗆 Res	idence 6 🗆	Other (Specify)			
		E OF INJURY hth, Day, Year)	28b. TIMI INJ	URY WO	RK?		I. DESCRIBE HOW I	NJURY O	CCURED	
B	2 Accident Investigation	OF OF MURICIPAL ALL LAND			/ES 2 🗌					
	3 Suicide 6 Could not be built 4 Homicide determined	CE OF INJURY — At hom ding, etc. (Specify)	e, term, s	treet, factory, offic	•	261	City or Town, State)	end Numbe	er or Rural i	Route Number,
COMPLETED	290. CERTIFIER									
MP	(Check only one) 2 MEDICAL EXAMINER: On the bester									and a state of the state of
8		or examination endor in	reatigatio	n, in my opinion, c				d due to	the cause(e) end manner se stated.
BE	29b. SIGNATURE AND TITLE DF CERTIFIER	0.4	_	100	29c. LICEN	ISE NUMBER	9 >	29d. DA	TE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CALISE OF THE ATL	700	(Print)	01	49	11	1	- 7	-/2
	FOHRAIM B	CAUSE OF DEATH (ITEM	M (NOO.	D 1	10.	r 1	viole	SOR	·	201 2/47
	31. QATE FILED (Month, Day, Year) 32. REGI	STRAR'S SIGNATURE		7	EV		1016	101	110	18. 2011
	JAN 0 9 1995	halis P. C.	4						,	
		THE PARTY AND ADDRESS.								

DHMH-16 Rev 1/89



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DIVISION OF VITAL RECORDS, P.O. BOX 68760	THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 74 brans after
DIVISION OF V	THE HOSPITAL OR ATTENDING PHYSICIA

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH IRENE MAYBELLE DEAN 2:45A January 7 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 M 2 DAYS HOURS MIN 214-40-5241 VRS May 4. 1897 Maryland Pages 1, 2, 3 should 9e. FACILITY NAME (If not Institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Manor Care Ruxton Towson Baltimore 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore permit. Towson 1 YES 2 X NO FUNERAL 10a. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? use as the burial-transit 700<u>1 North Charles Street</u> 21204 USA attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 XXVO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Ricen, atc.)

1 YES 2 XVO Specify: 11 MARITAL STATUS 14. RACE — American Indian, Black, White, atc. Never Married 2 Merried

Widowed 4 Divorced BY Specify: White 16e. DECEDENT'S USUAL OCCUPATION

those during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe ŏ the funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) the hospital EducAtor Baltimore City 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) notified at Page 6 may be retained by William G. Dean BE Irene R. Hynes 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 E.Schmidt 1007 Rolandvue Road Towson, Maryland 21204 pe 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must 1 Sy Buriel 2 Cremetion 3 4 Donation 6 Other (Specify) Buriel 2 Cremetion 3 Ren Loudon Park Cemetery Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home en 6500 York Road Baltimore, Maryland 21212 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest filled in by Approximata shock, or haert fallure. Liet only one cause on each line. interval Batween 6 IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition completely resulting in death) Item 23 shows any injury, or other traumatic event, burial, and CERTIFICATION Sequentially list conditions, prior to l DUE TO (OR AS A CONSEQUENCE OF) the attending physician Mental Hygiene prior to if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST PART II. Other aignificent conditions contributing to deeth but not recuiting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the **AVAILABLE PRIOR TO** COMPLETION OF CAUSE 1 TES 2 NO has been Dept. of I PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN [25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only h the State (**EXAMINER?** HOSPITAL: OTAER 1 YES 1 | Inpatient 2 | ER/Outpatient 3 □ 004 ng Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 26e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 28 is marked. with w Month, Day, Year, INJURY 1 Natural M 1 YES 2 NO After the death v BY holden Investigation 26e. PLACE OF INJURY - At home, ferm, street, fectory, office 3 Sulcide 261. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 6 Could not be DIRECTOR: / COMPLETED 4 Homicide FUNERAL DIRECT within 72 hours a TTANT: If item 2 29a, CERTIFIER To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II investigation, in my opinion, death occured at the time, date end place SHORATURE AND TITLE OF CONTIFUE



0

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CHARLE OF DEATH (ITEM 27) (Type, Print)

Renner

3222

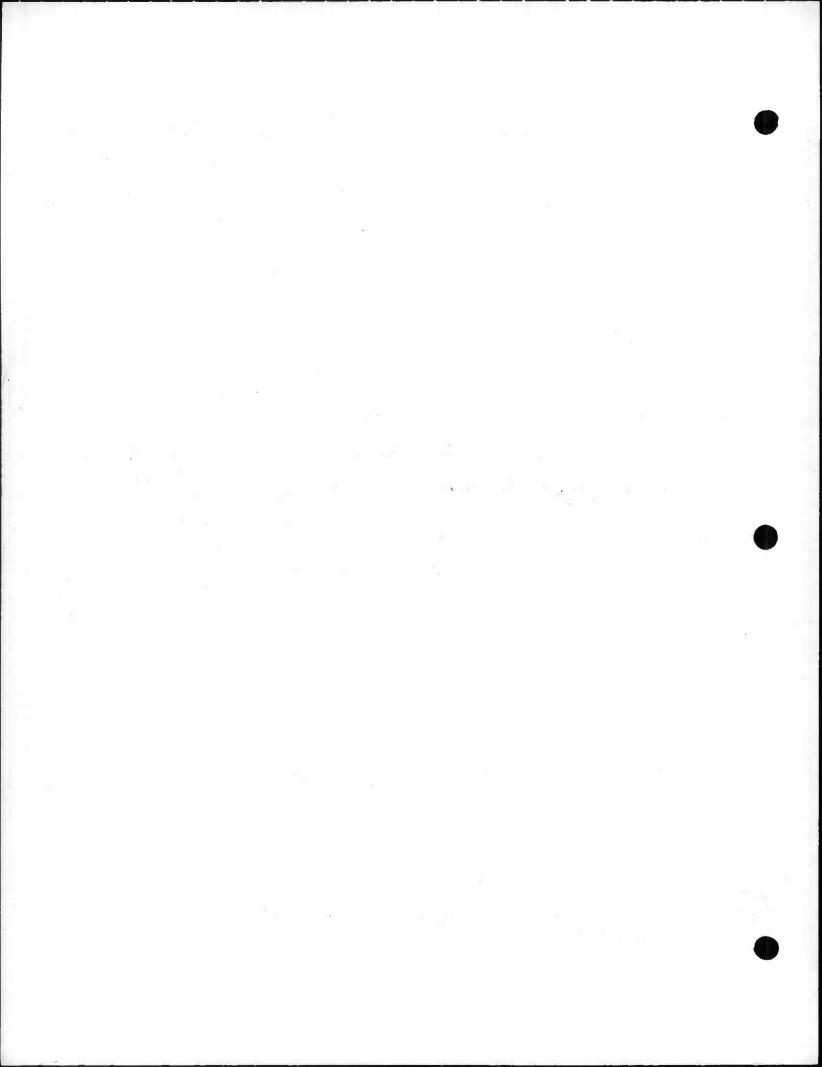
July 22 Street 1935 Street and add

Paul Street Baltimore.

Maryland 21218

William F

31. DATE FILED (Month, Day, Year)
IAN 0 9 1995

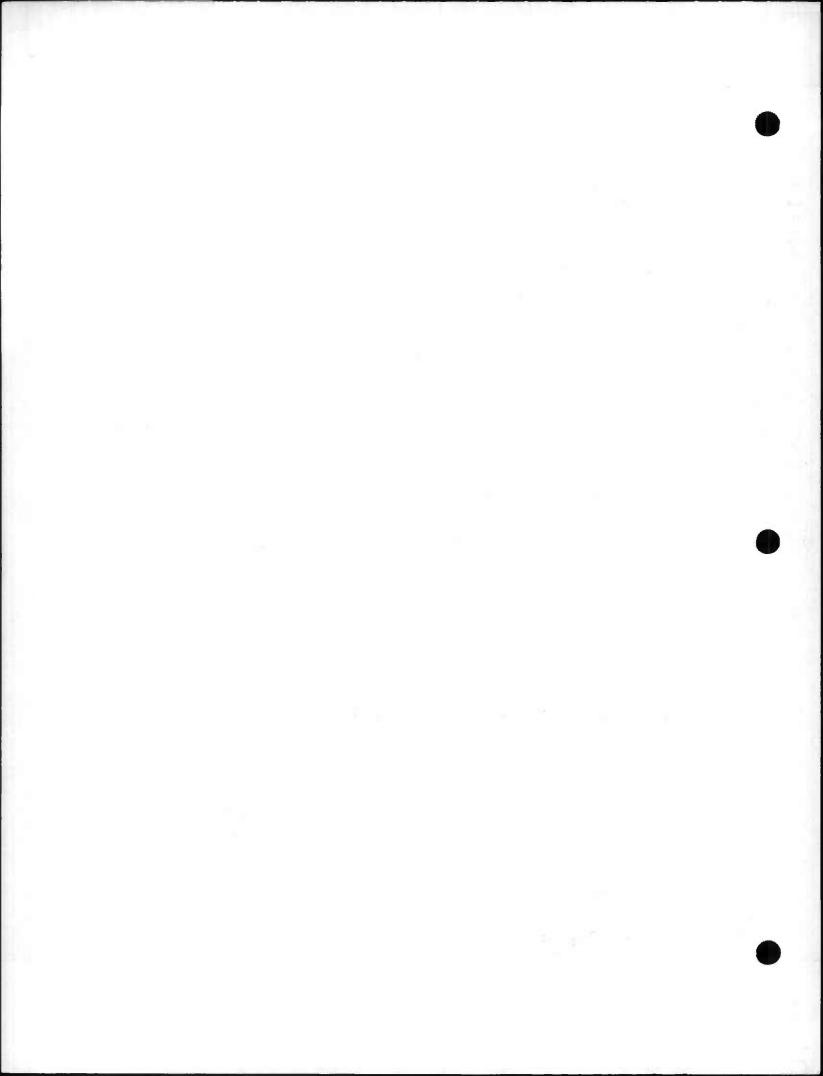


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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per ter see at 1

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) Acheson Johnste				2. DATE OF DEATH NONTH DAY YEAR 3. TIME OF DEAT						
	4. SOCIAL SECURITY NUMBER 5.	yrs. lest birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	Janu			995	6:25	Рм	
	220-30-3106	90 YRS.	MONTHS DAYS	HOURS MIN.	September 24 1904					reign	
OR	Union Memorial Hos	9a. FACILITY NAME (If not institution, give street and number) Union Memorial Hospital				EATH		9c. COUN	TY OF DE	ATH	
ᇤ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. C	ITY, TOWN OR LOCA	ION					10d. INSIDE CITY	,
- DIRECTOR	Maryland N/A			ltimore						LIMITS?	
RA		A F(F			. ZIP CODE					HAT COUNTRY?	
FUNERAL	830 West 40th Stre	. WAS DECEDENT EVER IN	ILC ADMES		21211					States	
BY FU	1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DAT World War	2 NO	If yea, sp	endent of Hispar ecity Cuban, Maxica 2 XNO Specifi	in, Puarto F	7 (Specify Yea Rican, etc.)	or No-	14. RACE Black, Specify	- American India White, etc.	en,
	15. DECEDENT'S EDUCATI	ION	16a. DECEDENT	S USUAL OCCUPATION	ON .	16b	KIND OF BUS	INESS/INDI	ISTRY	WILLCE	
COMPLETED	(Specify only highest grade con Elementary/Secondary (0-12)	college (1-4 or 5+)	(Give kind o	work done during mouse retired.) SSOT/Autl	st of working		ducati				
M	17. FATHER'S NAME (First, Middle, Last)	<u></u>	11016	SSOL / AUC	16. MOTHER'S NA						
ŏ		ncan			Emma A.						
BE	19a. INFORMANT'S NAME (Type/Print)	ilcan	19b. MAILIN	IG ADDRESS (Street a				hnsto			
2	Helen Foster Duncar	n		W. 40th					,	MD 2121	1
1	20a. METHOD OF DISPOSITION 1 □ Burial 2 (**) Cremation 3 □ Removal 4 □ Donation 5 □ Other (Specify)	from State cemei	PLACE AND DATI	E OF DISPOSITION (Ne other place)	me of	DATI	20c. LOC	CATION — C	ity or Tow	rn, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICENS		eenmour	nt Cremat	OLY O ADDRESS OF FA	L/I	.U] Bal	timor	e, M	<u>farylanc</u>	1
	Devent.	Sittle		Mitch	nell-Wied York Roa	defe1	d Home	e, In	c.	and 212	12
Z	23. PART I. Enter the diseases, or comshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	DUE TO (OF AS A C	str	e Hee			2un	0.00	Patt,	Approximinterval B Onset and	etween
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL (PART II. Other eignificant conditions of	t not resulting	PERFO			24a. WAS AND PERFORM	2 ANO		WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF (OF DEATH? 1 YES 2 1	TO	
-	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO										
<u> </u>	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only on	e)				
ž I		OSPITAL: Inpatiant 2 PER/Outpat	tlant 3 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Raaldenca	8 🗆 Other	r (Specify)				
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		TIME OF 28c. INJURY AT 28d. DESCRIBE HOW WORK? M 1 YES 2 NO				INJURY OCCURED			
red BY	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Run City or Town, State)							or Rural Ro	oute Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL ONE) 2 MEDICAL EXAMINER: C	N: To the best of my knowle								COLOR CONTROL NO	
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	2 -	\a	non, in my opinion, c	29c. LICENSE NUI		and piaca, and			Month, Day, Year)	teted,
2	John W.	bure	no		D200	649		> (19	195	
)	John W. Bowie, M.I	o. 6800 Yor	k Road	Baltimor	e, Mary	Land	21212				
	JAN 0 9 1995 Jul	32 A CHILDREN TOWN	HEL.								



		1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	RTMENT OF HI	EALTH AND N	IENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last)	1		I	2. DATE OF DEATH		3. TIME OF DEATH
		Joseph	DIXO	nisi		Jan (54 9	5 0200 4
Pin		4. SOCIAL SECURITY NUMBER 225-09-5347	5. SEX 6. AGE (In yrs. last birthday) 1 M 2 F YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	-16	BIRTHPLACE (State or Foreign Country)
, 2, 3 should	стов	99. RACILITY NAME (If not institution, give str	Yedical Center	96. CITY, TOWN OF	LOCATION OF DEA	ATH .	9c. COUNTY	OF DEATH
nit. Pages 1,	DIRE	10e. STATE 10b. COUNTY	10c. CIT	Ba H				10d. INSIDE CITY LIMITS? 1 YES 2 NO
an. ransit permit.	NERAL		reva Rd		2/2/5		4	OF WHAT COUNTRY?
5-0020 nding physician. Is the burial-transit	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		olfy Cuban, Mexican	C ORIGIN? (Specify Ye, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify Q M
2121	PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		USUAL OCCUPATION work done during most se retired.)	d of working	16b. KIND OF BU	JSINESS/INDUST	RY
the hospital detached for once.	COMPLET	17. FAPHER'S NAME (First, Middle, Last)	<i>h</i> .		18. MOTHER'S NAM	IE (First, Middle, Malder	Surneme)	
tained by should be tilffied at	BE	190. INFORMANT'S NAME (Typo/Print)	1 Kon		Minn	E BEI	1/e 0	nun
30 S S	ТО	Jasephine	Dixon 4019	9 Bar	ed Number of Rural Ro	Red Townson, City or Town	m, State, Zip Cod	Mel 21215
e 6 may rector, pa		20a, METHOD OF DISPOSITION 1 Rurial Cremetion 3 Remo 4 Donation Other (Specify)	oval from State 20b. BLACE AND DATE Comptlery, creditatory or of	OF DISPOSITION (Nerritifier place)	y Park	DATE 20c. LC	CATION - City	or Town, State
SALI death. e funera al. examin		21. SIGNATURE OF FUNERAL SERVICE LICE	t. Thompson J.	22. HAME AND	ADDRESS OF FACE	Waly	of each &	he
rs aft		23. PART i. Inter the diseases, or connock, or heart fellure. L	omplications that ceused the death. Do n	not enter the mod	e of dying, auch	as cerdiac or reap		
ely fille nation,		iMMEDIATE CAUSE (Finel disease or condition recuiting in deeth)	Sepsi					Onset and Death
executed with and completely o burial, crema	N	Coguagialis list conditions b	DUE TO FOR AS A CONSEQUENCE OF	act In	fects	- N		
a cian be	CATIC	Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING	and Deur	The ule	feele	,		
ending	ERTIFICATIO	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE DE	F):				
e 5 5 5	AL CE	PART il. Other eignificant conditions	contributing to deeth but not resulting i	In the undarlying	cause given in P	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
signed 1 Health a	EDIC	Dementis				1 YES :		COMPLETION OF CAUSE DF DEATH?
law requires been of hopt. of h	N: M	DID TOBACCO USE CONTR	RIBUTE TO CAUSE OF DEATH YE	S NO	UNCERTAIN			1 TES 2 NO
	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	28. PLACE OF DEAT	OTHER:	-5			
PHYSICIAN: this certifica with the St rked, or It	PHYS	27. MANNER OF DEATH	28a. DATE OF INJURY 28b. TIM		RY AT	U Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	ED.
	ВУ Р	Natural 5 Pending Investigation			S 2 NO			
ATTENDING ATTENDING FOTOR: Atten Is after death	ETED	3 Suicide 8 Could not be datarmined	28e. PLACE OF INJURY — At home, larm, a building, atc. (Specify)	street, tactory, office		28t. LOCATION (Street City or Town, Stete	end Number or R)	ural Route Number,
	COMPLET		IAN: To the best of my knowledge, death occurre t: On the basis of examination end/or investigation					use(s) end manner es stated.
OT THE PLANT OF TH	BE	296. SIGNATURE AND TITLE OF CERTIFIER	'our in		29c. LICENSE NUME D 2.6 2.5	SER SG	29d. DATE SIG	GNED (Month, Dey, Year)
	01	30. NAME AND ADDRESS OF PERSON WHO BICH DUONG	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, M.O. 700 WASh	ungton	BIVA	Belti	more	195 MD 21230
		JAN U 9 1995	32. REGISTRAR'S SIGNATURE					

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TO THE HOSPITAL DR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

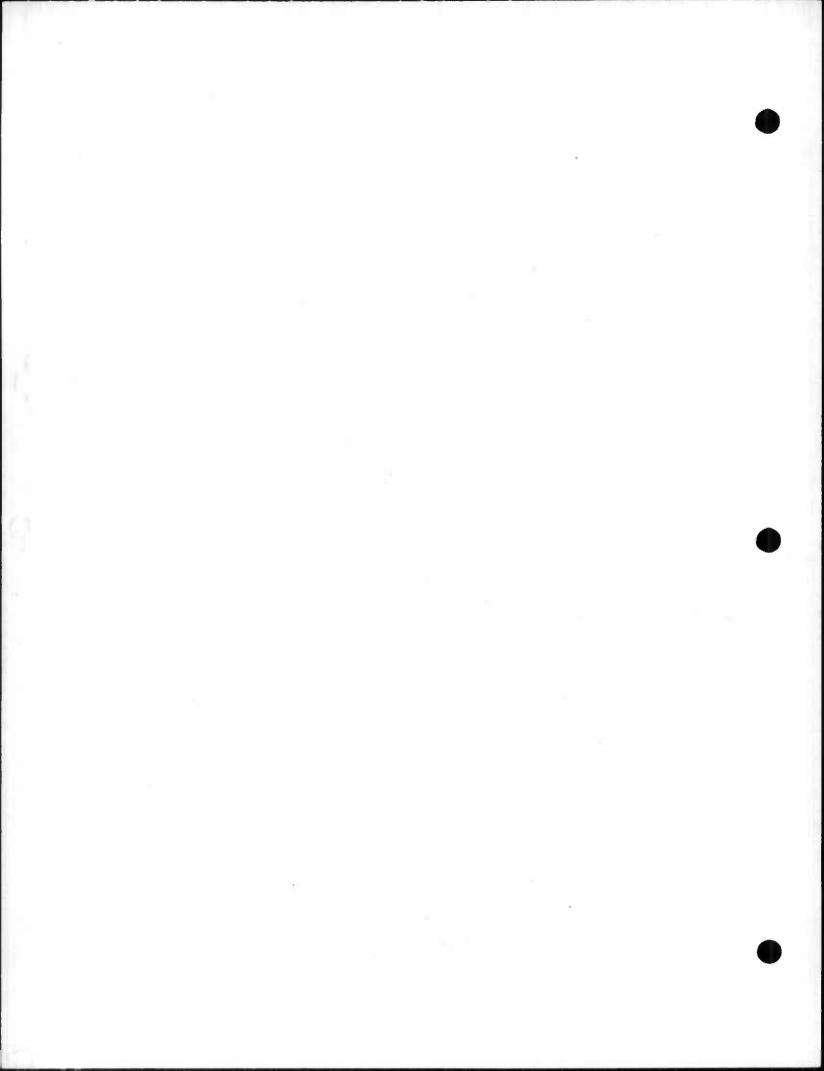
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL HYGIENE REG. NO.					
- 3	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	SAMUEL	DRUMWRIGHT				MONTH DAY	95	10:17 PM			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		IPLACE (State or Foreign			
	212-22-3984		9 YRS.	NTHS DAYS	HOURS MIN.	FEB. 2, 1925		TH CAROLINA			
~	Sa. FACILITY NAME (If not institution, give str	reet and number)	91	b. CITY, TOWN C	R LOCATION OF D		COUNTY OF D				
DIRECTOR	5113 NELSON AVE	NUE		BAI	TIMORE	CITY	N/A	4			
EC	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY			
DIA	MARYLAND	N/A		BAT	TIMORE	OT TOV		LIMITS?			
AL	10e. STREET AND NUMBER				ZIP CODE		CITIZEN OF Y	WHAT COUNTRY?			
FUNERAL	5113 NELSON AVE	NUE			211	215	USA.				
5	11, MARITAL STATUS	12. WAS DECEDENT EVER IN U		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yea or No-	- 14. RACE	E — American Indian, k, White, etc.			
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES		2 NO Specif	n, Puerto Rican, atc.) y:	Speci				
	15. DECEDENT'S EDUC	ARMY	I6a. DECEDENT'S US					ACK			
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(Give kind of work	done during mo		16b. KIND OF BUSINESS	INDUSTRY				
P	UNKNOWN	College (1-4 or 5+)	CONST	DIICTTON	WORKER	CONCEDUCE	TON 0	0.000			
O	17. FATHER'S NAME (First, Middle, Last)		CONST	ROCTION		CONSTRUCT		OMPANY			
BE C	MAJOR	DRUMWRIGHT			MATTII			NOWN)			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Route Number, City or Town, State,		NOWN			
۴	NANNIE DRUMWR	IGHT	5113 N	ELSON A	VENUE, I	BALTIMORE, MD.	2121	5			
	20a. METHOD OF DISPOSITION 1X Burlet 2 Cremation 3 Remo		LACE AND DATE OF C	DISPOSITION (Na		DATE 20c. LOCATION					
	4 Donation 5 Other (Specify)	MA	RYLAND NA	ATIONAL		-5-95 BALTI	MORE.	MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		JOSEP	H H. BRO	WN JR. FUNERA	L HOM	E, P.A.			
	Warch	1).10	m	1913	W. BALTI	MORE ST., BAL	TIMOR	E, MD. 21223			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiratory arrest, abock, or heart failure. List only one cause on each line.										
	IMMEDIATE CAUSE (Final	the second secon						Interval Between Onset and Death			
	disease or condition resulting in death) . Metastatic Lung Concer										
		DUE TO (OR AS A C	ONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, Due to (or as a consequence of):										
AT	if any, leading to immediate cause. Enter UNDERLYING										
F	CAUSE (Disease or injury that initieted events	DUE TO (OR AS A C	ONSEQUENCE OF):								
ERIT	resulting in death) LAST										
	PART II. Other aignificent conditions	contributing to deeth but	not resulting in t	he underlying	cause given in	Part i. 24e, WAS AN AUTOP	ev 24b	WERE AUTOPSY FINDINGS			
CAL	liver metar			anaonyms	Codes given in	PERFORMED?	24	AMAILABLE PRIOR TO COMPLETION OF CAUSE			
						1 TYES 2 1 NO		OF DEATH?			
2	DID TOBACCO USE CONTR	IBUTE TO CAUSE OF	DEATH YES	П NO П	UNCERTAIL	V M		1 TES 2 NO			
X I	25. WAS CASE REFERRED TO MEDICAL	26	PLACE OF DEATH (OTTOLKIAN						
PHYSICIAN: MEDIC		HOSPITAL: 1 Inpatient 2 ER/Outpati	ent 3 DOA 4	THER: Nursing Home	5 Residence	8 Other (Specify)					
E	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJU	JRY AT	28d, DESCRIBE HOW INJURY	OCCURED				
BY	Netural 5 Pending Investigation				ES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stree	t, tactory, office		281. LOCATION (Street and Num City or Town, State)	iber or Rural R	Route Number,			
COMPLETED	29a. CERTIFIER										
AP.	stated.										
ő	one) 2 MEDICAL EXAMINER	time, data and piace, and due to	o the cause(s) and manner as stated.							
BE	ATE SIGNED	(Month, Day, Year)									
10	(Muy Johns	anno			04217	18	114/9	5			
	30. NAME AND AODRESS OF PERSON WHO	COMPLETEO CAUSE OF DEATH	H (ITEM 27) (Type, Prin			^					
	31. DATE FILEO (Month, Day, Year)	veance He	. 23 (Baltin	45Ce, M	1) 21215	_				
		32. REGISTRAR'S SIGNATION OF THE STATE OF TH	URE								
	JAN 0 9 1995 Julia	the sources with the state of t									





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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DIXOn, Lari 7:15 pm " 01-06-4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 1 XM 2 | F DAYS HOURS MIN. 244-25-7822 29 YRS. DCT. 20, 1965 NORTH CAROLINA Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOSPITAL BALTIMORE CITY N/A RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND N/A BALTIMORE CITY permit. X□ YES 2 □ NO 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3123 SUMTER AVENUE burial-transit 21215 USA. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO 1 Never Married 2 Married 3 Widowed 4 Diverced 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES В Specify: use as the BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 10th GRADE PAINTER MONDAWMIN MALI 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at THEODORE DIXON PHILLIP 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ROSLYN M DIXON 3123 SHMTER AVENUE BALTIMORE MD. 2 20a. METHOD OF DISPOSITION
1 △ Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE must cometery, crematory or other place)
MT. ZION CEMETERY 4 Donation 5 Other (Specify) 1+10-95 BALTIMORE, MARYLAND medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR FUNERAL HOME, 1 1913 W. BALTIMORE ST., BALTIMORE, the attending physician and completely filled in by the Mental Hygiene prior to bunal, cremation, or removal. MD. 21223 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, Approximate ehock, or heert fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finsi **Onset and Death** the disesse or condition executed within DUETO (OR AS A CONSEQUENCE OF): event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, If sny, leading to immediate the death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): thet initisted events resulting in deeth) LAST PART II. Other eignificant conditions contributing to deeth but not reculting in the underlying ceues given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the Health and A AMAILABLE PRIOR TO COMPLETION OF CAUSE any 1 TES 2 NO OF DEATH? shows : has been s Oept. of H 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO TUNCERTAIN I PHYSICIAN: 23 OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) this certificate h with the State (item 1 YES 2 NO OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 10 4 - Nursing Nome 5 - Rasidenca 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME DF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending м 1 YES 2 NO TO THE FUNERAL DIRECTOR: After to the fied within 72 hours after death 'IMPORTANT: If item 28 is man ВУ 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE DF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide COMPLETED 8 Could not be 4 Nomicide determined 29s. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner se stated 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occur red at the time, data and place, and due to the cause(a) and manner as stated. AS WO 2321 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE reposition 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR	CERTIF	ICATE C	F DEATH	F	IEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH M DOUG	1 W C			2. DATE OF	OEATH DA	1995	YEAR	. TIME OF DEATH	
					JAN				03:36 AM	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 \(\text{D} \text{ N 2 } \text{ F} \)	(In yrs. last birthday)	MONTHS DA		7. DATE OF I	BIRTH nx Year)	0	6. BIRTNPI Country)	ACE (State or Foreign	
		84 YRS.				5121			LCAROLINA	
œ	9e. FACILITY NAME (If not institution, give street and number)			N OR LOCATION OF D			N	NTY OF DEA	TH	
DIRECTOR	HARBOR HOSPITAL		I	BALTIMORE	CITY		N	I/A		
EC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									
E C	MARYLAND N/A		T	BALTIMORE	CITY			LIMITS?		
	10e. STREET AND NUMBER		101. ZIP CODE				10g. CITI		AT COUNTRY?	
FUNERAL	1150 NORTH LONGWOOD STREET			21216			υ	ISA.		
S	11. MARITAL STATUS 12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED		DECENDENT OF NISPA			or No-	14. RACE -	- American Indian, White, etc.	
ВУ Р	1 Never Merried 2 Merried FORCES? 1 YES 3 X Widowed 4 Divorced FORCES? 1 YES			, specify Cuben, Mexico YES 2X NO Specif		1, atc.)		Specify:		
		Υ						BLAC	CK	
TE	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEOENT'S (Give kind of v life. Do NOT us	vork done during	ATION most of working	16b. KI	ID OF BUS	BINESS/IND	USTRY		
PLE	Elementery/Secondary (0-12) College (1-4 or 5+) 8th GRADE	CLOTHE		ESSER	DR	y C	LEANE	RS		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	OLOTIN	10 110	18. MOTHER'S NA				, in the second		
	GEORGE DAVIS			III. MOTRER'S NA	AMIE (PIISI, MIOO	e, <i>Malci</i> en i	Surname)			
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	AOORESS (Str	et end Number or Rural	Poute Number (Wy or Town	State Zin	Codel		
2	ALICE HARRISON			CARTIER CT					21144	
		b. PLACE AND DATE O	OF DISPOSITION	(Neme of	DATE			City or Town		
	1 \(\times \) Buriel 2 \(\times \) Cremetion 3 \(\times \) Removal from State (8) \(\times \) Donation 5 \(\times \) Other (Specify)	SWEET PROSP	ECT CHUF	CH CEMETERY		WIN	NSBORO	, SOUT	H CAROLINA	
	21. SIGNATURE ON FUNERAL SERVICE LICENSEE	_	22. NAM	ANO ADDRESS OF FA	CILITY	******	1375 4.7	HOME	D 4	
	> Ill soum		101	EPH H. BRO	MORE S	TUN.	EKAL BAT TI	HOME	, P.A. , MD. 21223	
\neg	23. PART L Enter the diseases, or complications that cause	nd the death. Do n							Approximate	
Į	ahock, or heart failure. List only one cause on	aach iina.				or roupin	istory and	out,	intarvai Between	
	IMMEDIATE CAUSE (Final disease or condition	RICHAR FAILURE						Onset and Death		
	resulting in death) a. DUE TO (OR AS	DUE TO (OR AS A CONSEQUENCE OF):								
z	IMMEDIATE CAUSE (Final disease or condition resulting in death) BIVENTRICULAR FAILURE Due TO (OR AS A CONSEQUENCE OF): RENAL INSVFFICIENCY									
CERTIFICATION	oue to (or as a consequence of):									
S	CAUSE (Disease of Injury			50 LI						
E	that initiated events resulting in death) LAST	A CONSEQUENCE OF	7):							
50	d									
	PART ii. Other aignificant conditions contributing to death	but not reaulting i	n the underi	ying cause given in	Part I. 24	. WAS AN			ERE AUTOPSY FINDINGS	
EDICAL	ISCHAEMIC HEART DISEASE PERFORMEDS ANALL COMM							WAILABLE PRIOR TO OMPLETION DF CAUSE		
MEC	HYPERTENSION.					_ 120 0			F DEATN?	
2	DID TOBACCO USE CONTRIBUTE TO CAUSE O	OF DEATH YE	S I NO	UNCERTAI	NO				0 1977 0 117	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEAT	H (Check only o	ne)						
Sign	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Input lent 2 ER/Out	patient 3 DOA	OTHER:	tome 5 - Residence	6 Other (Sp	ecify)				
H	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME		INJURY AT WORK?	28d. DEŞCRII	BE HOW IN	UJURY OCC	URED		
ВУ	1 Natural 5 Pending 2 Accident Investigation			YES 2 NO						
	3 Suicide 8 Could not be 28e. PLACE OF INJUR' building, etc. (Spe	Y — At home, farm, s	treet, fectory, c	ffice	281. LOCATIO City or To	N (Street ei	nd Number	or Rural Rou	te Number,	
	4 Homicide determined									
PL	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my know									
COMPLETED	one) 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end manner ee stated.									
290. SIGNATURE AND TITLE OF CERTIFIER HOUSE OFFICER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNATURE D1/04								SIGNED (N	lonth, Day, Year)	
								11995		
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	EATN (ITEM 27) (Type,	Print)	L CENTE	R , 3	1000	2 501	JTH	HANOVER	
	V-IA VEIVIOLATEDNDA, AT		B	FLTIM	ORE	, M	D 2	122	-5	
	JAN 09 1995	NATURE	ŧ			(X3 =			
- 1		named "MILLIANVER EN.								

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

The law requires that the death certificate be executed withher fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. TO THE HOSPITH, OR TTENDED PRODUCINE The law requires that the death certificate be executed within a fours after death. Page 6 may be retained by the bost TO THE FUNETAL DRECUR. After the principle has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours and the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT II Item 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

							95	00230				
]	Item # 1,17,18,19 Film #	g 719 1-17-95 N.A.	Per fune	ral h	оше							
	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENE PRINCE			MENTAL HYGII						
	1. DECEDENT'S NAME (First, Middle, Last)	John Frederick	Albert	Fisch	er Jr.	2. DATE OF DEATH MONTH		3. TIME OF DEATH				
	JOHN FREDERICK FI	SCHER JR	Jan.	6 199								
	2/2 0/ 1/255	5. SEX 6. AGE (In yrs. les	t birthday) IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH Month, Day, Year JULY 2	BIRTHPLACE (State or Foreign Country) Manuland					
1	Se. FACILITY NAME (If not institution, give stre		Y OF DEATH									
DIRECTOR	Stella Maria Hospice Baltimore Balti. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION											
RE	10e. STATE 10b. COUNTY	10d. INSIDE CITY LIMITS?										
	Md	DOCYES 2 NO										
FUNERAL	100. STREET AND NUMBER 4340 Sheldon Ave. 101. ZIP CODE 109. CITIZEN OF 2/206 U.S.,											
		12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 20 1		WAS DEC		NIC ORIGIN? (Specify		. RACE — American Indian.				
BY F	1 Never Married 2 X Merried 3 Widowed 4 Divorced	en, Puerto Ricen, atc.) /y:		Specify: White								
ED	15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY											
LET	(Specify only highest grade of Elementary/Secondary (0-12)											
ш	Printer Owner (1-4 or 3+) Printer Owner of Print											
	John F. Albert Fischer Sn. Sn. 16. MOTHER'S NAME (First, Middle, Meiden Surname) Anna Karine Seiland Kanina Unknown											
5	19e. INFORMANT'S NAME (Type/Prigt) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)											
	1906. METHOD OF DISPOSITION 2006. PLACE AND DATE OF DISPOSITION (Name of DATE OF LOCATION — City or Town, State											
	1X Burtel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify) Pankwood Cem. 1/9 Balto., Md.											
	22. NAME AND ADDRESS OF FACILITY Hartley Miller Funeral Home 7527 Harlord Rd. Balto. Md. 21234											
	Jedy D.	Smith	7	1απτ 7527	Ley III	ller tun	eral to	Tome Md. 21234				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ehock, or heart failure. List only one ceuse on each line.											
	IMMEDIATE CAUSE (Final											
	disease or condition resulting in death) a. VASCULAR OCCUSION											
	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions D. METASTATIC CANCER TO NECK.											
0	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury c. RENAL CELL CANCER											
HE	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
	d.											
	PART II. Other aignificent conditions	contributing to death but not re	asulting in tha u	nderlyin	g cause given in	Part I. 24e. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
DIC	PERFORMED? 1 VES 2 NO 1 PES 2 NO OF DEATH?											
ME								1 TES 2 NO				
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN D											
SICI		HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHE	R:		6 Xother (Specify)	HOSPI	ĊE.				
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO B	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	28c. INJ	URY AT	28d. DESCRIBE HO						
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M		PRK? YES 2 NO							
	3 Suicide 6 Could not be	281, LOCATION (Stre City or Town, Str		Rural Route Number,								
ET	M- Complete											
MPL	(Check only	AN: To the best of my knowledge, dea										
	29b, SIGNATURE AND TITLE OF CERTIFIER	On the beels of exemination end/or in		ориноп, d								
0	Xerd noo	Fan 0 6 110	1,000		29c. LICENSE NUI	104-2	29d. DATE S	IGNED (Month, Day, Year)				
2	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Stope Princip)											

TOWSON, MD 21204

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR. KENDALL FAULKNER 2300 DULANEY VALLEY ROAD JAN 0 9 1995 32. REGISTRAR'S SIGNATURE

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DIVISION OF VILAL RECORDS, P.O. BOX 68/60,	SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within emounts after death. Par
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	PIT

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

			_									HEG. NO.			
		1. DECEDENT'S NAME (First, Middle, Lest) Ethel Hush Franklin 2. DATE OF DEATH DAY YEAR JANUARY 4. 1995 13:2										3. TIME OF DEATH			
		Total Made I Lametin										January 4, 1995			13:28 M
		L. Cara Car			s. last birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			8. BIRTHPLACE (State or Foreign Country)		
목	Œ	216-22-8299 1 M 2 X F 68 9a. FACILITY NAME (if not institution, give street and number)						July 29, 1926						/land	
3 should				9b. CITY, TOWN OR LOCATION OF DEATH						9c. COUN	TY OF DE	ATH			
~	0	Carroll Cou	<u> </u>	Westminster							Carr	coll County			
es 1,	Di l	10a. STATE	10b. COUNTY	,		10c. CI	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
E.	DIRECTO	Maryland Carroll County													LIMITS?
регтіі. Pages	AL I	10e. STREET AND NUMBER		.OII COUI	ILy		Зу		7111e	F			10g. CITIZEN OF WHAT COUNT		
Si Si	R.	6520 Marvi	n Awar	1110			21784								
physician. burial-transit	FUNER	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.					13.	WAS DE				(Specify Yea	or No.		- American Indian.
DUZU g physician e burial-tran		1 Never Merried 2 🔀			YES 2			If yes, s	pecify Cuba	n, Mexica	in, Puerto Al			Black,	White, etc.
nding s the	В	3 Widowed 4 Divo	orced	\$1V.					A IN	Оросп	,			Specify	White
r attend	8	(Specify only highest grade completed)					USUAL O	CCUPAT	ION nost of working	no.	16b, I	KIND OF BUS	INESS/INDU	USTRY	
V a b	LET	Elementery/Secondary (0-12) College (1-4 or 5+)					ise retired.)			19					
AND he hospit detached once.	COMPL	12					makeı	2					Domes	tic	
	8	17. FATHER'S NAME (First, Middle, Last)							16. MOTI	HER'S NA	ME (First, Mi	iddle, Maiden S	Surname)		
d by	B	Walter E. Hush Bertha Arrington													
mAn retained 5 should notified	힏	19s. INFORMANT'S NAME (1	., .									r, City or Town			
ay be n page 5	-	Mr. Richard		anklin,						ue S	ykesv	ille,	MD 2	1784	ř
6 may be ector, page		20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State													
0 0		Lake View Memorial Park Jan 7, 1995 Sykesville, MD											MD		
death. Pag tuneral di i. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (P.O. Box 195)											95)		
	Ш	Sykesville, MD 21784 (410)-795-1400													
ours after d in by the or removal		23. PART I. Enter the diseases, or complications the caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line.													
O O O E		IMMEDIATE CAUSE (Fine)													
		disease or condition													
rted within completely ial, cremati event, t		DUE TO (OR AS A CONSEQUENCE OF):													
and com o burial,	8	Sequentially list conditions,													
te be executivision and control prior to buris	CATION	tf any, leading to immediate cause. Enter UNDERLYING													
	윤	CAUSE (Disesse or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):													
한 영화 날	RTIFI	resulting in desth) LAST													
	E	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS													
= 0 =	DICAL	PART II. Other significa	int condition	s contributing to	desth but n	ot resulting	in the ur	nderlyir	ng cause (given in	Part I.	24a. WAS AN A			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
signed by Health an Mas any	음	1 YES 2 7 NO OF E									COMPLETION OF CAUSE OF DEATH?				
requires een signi of Healt	₹	1 U YES										1 TES 2 NO			
faw requas been of 23 sho	ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN													
V: The icate ha	ICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	28. F	LACE OF DE	TH (Check)						
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this co	F	27. MANNER OF DEATH 1 Natural 5	Pending	(Month, L	ay, Year)	28b. T/I	JURY	W	JURY AT		28d. DESC	RIBE HOW IN	JURY OCC	URED	
DING PHYS After this c death with	B	2 Accident	Investigation	20 - DI 405 (AP IN HOUSE				YES 2	NO					
ATTENDING PHYSICIAN: ECTOR: After this certifical state death with the St 28 is marked, or it			Could not be determined	building	of INJURY — A atc. (Specify)	t nome, term,	atreet, rec	ory, orri	ce		City or	TION (Street e. Town, State)	nd Number (or Runal Ad	ute Number,
DR ATTENDING DIRECTOR: After hours after death item 28 is ma	Ē	29a. CERTIFIER	roze v nation												
# 3 K =	ΜP	(Check only 100 CERT		CIAN: To the best of											
HOSPITAL FUNERAL WITHIN 72 ITANT: IF	00				xemination end	I/or investigati	on, in my o	pinion,	death occur	red at the	time, data a	nd place, and	due to the	cause(s)	and manner ea stated.
물 분 을 등	BE	296. SIGNATURE AND TITLE	CERTIFIEF	F. 1	NN				29c. LICE	ENSE NUI	MBER CA CO		29d. DATE	SIGNED	Month, Day, Year)
2 2 2 ₹	2	20 NAME AND ADDRESS OF	CCC	104					173	<u> 2</u>	SVO)		711	7
		30. NAME AND ADDRESS OF	OF THE PARTY	CA-O	SE OF DEATH	(HEM 27) (Typ	rint)	E	(A	7	100	PITA			
		31. DATE FILED Month, Day,	Ybar)	320 RECUETO	AR'S SIGNATUR		1 1	0	CN		000	1 11 11			
		JAN 000	1995	Film da	and a co										
				Charles and	- CONTRACTOR	to all				-					

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

JAN 0 9 1995

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DIVISION OF YELD RECORDS, P.O. BOX 68/60.	SPTY. OF ATTENDING PARTICIAN: The law requires that the death certificate be executed within prours after death. Page 6 ma	if for the free free proper signed by the approximation and consistent filed is by the free many
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH FLUHART 5--95 YEAR OSCAR ---4:55 P 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) MD • DAYS HOURS Month, Day Year) 218-88-4224 82 MMM 2 - F YRS. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Maryland General Hos. Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY XX LIMITS? 1 YES 2 NO Baltimore Md. permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 607 Paa. USA use as the burial-transit 607 21201 Pennsylvania Avenue retained by the hospital or attending physician. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. **MARYLAND 21215-0020** If yes, specify Cuban, Maxican, Puarto Rican, etc.)

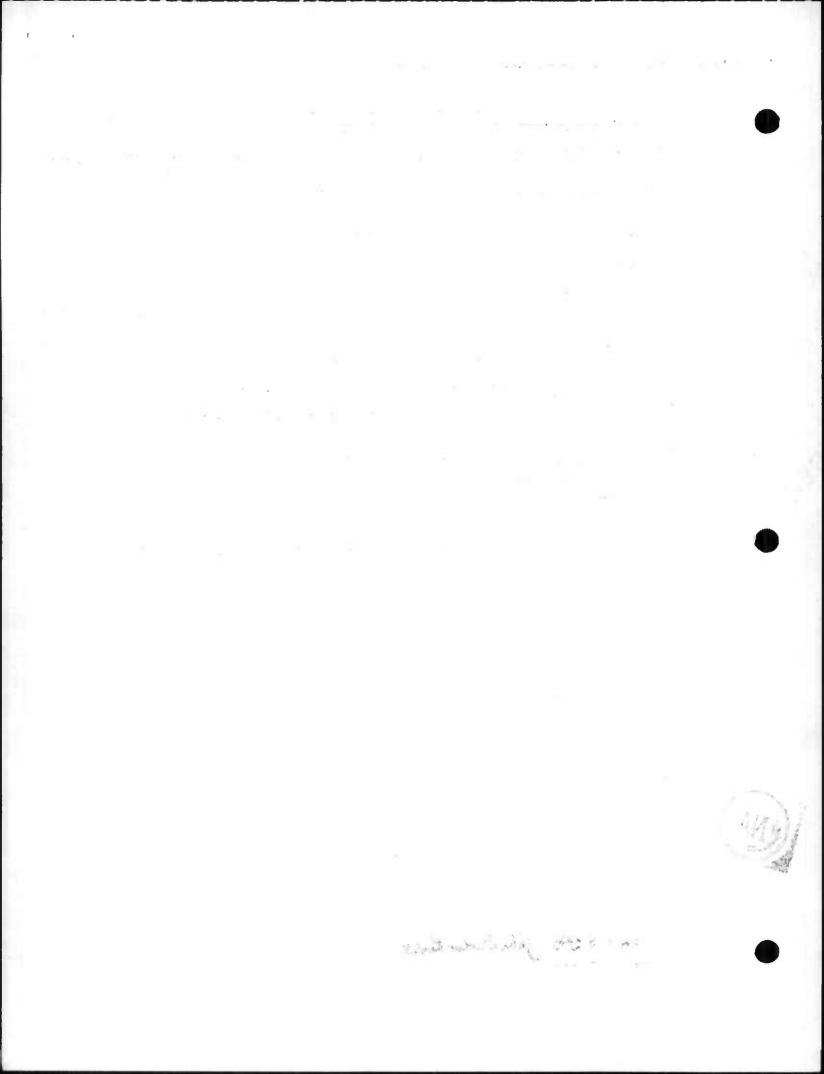
1 YES 2 Specify: Rever Married 2 Married IF YES, GIVE WAR OR DATES Specify: White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY 10 Elementary/Secondary (0-12) College (1-4 or 5+) 12 UNK. detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) UNK. page 5 should be notified at UNK. 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) Mary Faith-Garner 861 Park Ave. Balti more, MD.21201 2 pe 20a. METHOD OF DISPOSITION
1 □ Burlal 2 □ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must MT. Zion Cem. 1-6-95 Lansdowne, MD. 4 Donation 5 Other (Specify) medical examiner 21. SIGNATURE OF FUNERAL SERVICE CICUMSÉE Albert P. Wylie F/H PA 638 N. Gilmor St. 21217 or removal. 26. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory errest, shock, or heert failure. List only one ceuse on each line. Approximats Interval Between IMMEDIATE CAUSE (Final Onset and Death cremation, the disease or condition resulting in death) Metastanis Prastate event, DUE TO (OR AS A CONSEQUENCE OF): prior to burial. Injury, or other traumatic CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury The attending pro-Mental Hygiene DUE TO (OR AS A CONSEQUENCE DF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS of Health and AMILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2X NO DEATH? 1 TYES 2 T NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO INCERTAIN I PHYSICIAN: Dept. Item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) State EXAMINER? HOSPITAL:
1 Monation 2 ER/Outpatient 3 DOA OTHER:
4 | Nursing Home 5 | Rasidence 8 | Other (Specify) 1 YES 2 NO 0 the 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural
2 Accident 5 Pending 1 YES 2 NO death BY Investigation 28a. PLACE OF INJURY — At home, farm, atreel, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 is COMPLETED 損 4 Homicide detarmined 72 hours a them 29s. CERTIFIER (Check only 1 KERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. MPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE mil Sile (H.O). 89213 115/95 m.D 2

Muhammad Waseem, M.D. c/o Maryland General Hospital

DHMH-18 Rev 1/89

e 4.

		1 - STATE REGISTRAR	STATE OF MARYL		RIMENT OF H		MENTAL HYGIEN REG. NO				
	200000	1. DECEDENT'S NAME (First, Middle, La	en Toomas Jo	seph Gu	idera Jr		2. DATE OF DEATH	1998	3. TIME OF DEATH		
	1	4. SOCIAL SECURITY NUMBER 216-14-3345	5. SEX 6. AGE	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	. DID	THPLACE (State or Foreign ntry)		
3 should	~	9a. FACILITY NAME (If not institution, given				OR LOCATION OF DI		9c. COUNTY OF	Maryland DEATH		
2,	IRECTO	Mercy Hospital	Center		Balti	more					
Pages		10s. STATE 10b. COU	NTY	1	10c. CITY, TOWN OR LOCATION						
permit. Pages 1,		Maryland 100. STREET AND NUMBER			Baltimore	I. ZIP COOE		10g, CITIZEN OF	1 YES 2 □ NO WHAT COUNTRY?		
isi	ÉR/	336 Broadmoon	r Road			21212		USA			
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit notified at once.	BY FUN	11. MARITAL STATUS 1 Never Married 2 . Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 V YES IF YES, GIVE WAR OR D	IN U.S. ARMED 2 NO DATES	II yes, sp	ecify Cuban, Maxica 2 NO Specifi	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	Bla	CE — American Indian, ck, While, alc. celly: White		
attendi	8	15. DECEOENT'S E (Specify only highest gr			USUAL OCCUPATION		16b. KIND OF BU	SINESS/INDUSTRY	WILLCE		
AND 2121 the hospital or atte detached for use once.	MPLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 2 years	IIIe. Do NOT u	se retired.) evelopmen		Real	Estate			
YLAN by the hor be detach at once.		17. FATHER'S NAME (First, Middle, Last) Thomas Joseph	Cuidera Sr				ME (First, Middle, Maiden	1			
MARY! retained by 5 should be notified at	0	190. INFORMANT'S NAME (Type/Print)	Guidera, Br.	19b. MAILING	AOORESS (Street a	and Number or Rural i	Louise Hil	n. State. Zin Code)			
m y gg a	٩	Mrs. Kathryn Sw		336	Broadmoo	or Road,	Baltimore	, Maryla			
e 6 ma ector, p		1 X Buriel 2 Cremation 3 R. 4 Donation 5 Other (Specify)		b. PLACE AND DATE metery, crematory or c t. Mary				ans, Mar			
BALTIMORE, hours after death. Page 6 may be ed in by the funeral director, page or removal.		Martin D.			22. NAME AN Mitcl	hell-Wie		e, Inc.			
within 24 within 24 cremation, the		23. PART I. Enter the diseases, o shock, or heert failur IMMEDIATE CAUSE (Finel disease or condition reculting in death)	e. Me to	eech line.	Prosto		th as cardled or reep	ratory errest,	Approximate interval Batween Onset and Death		
DX 68 be execute cian and co for to buria raumatic	ATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING									
S, P.O. B(death certificate e attending physi fental Hygiene pr ury, or other ti		CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS a	A CONSEQUENCE O	F):						
그 음 등을 들		PART II. Other significent condit	lons contributing to deeth t	but not resulting	In the undarlying	cauea given in	Part I. 24a, WAS AN		b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
Signed Health	AEDIC	Erminue Brody	the heart is	iline.	Anew	ia.	1 - YES 2		COMPLETION OF CAUSE DF DEATH?		
Z3 tent		DID TOBACCO USE/CON			ES 🗆 NO 🗆	UNCERTAIN	V 🗆				
en ate	SICK	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		TH (Check only one) OTHER:						
PHYSICIAN: this certificativith the St	PHY	27. MANNER OF OEATH 1 Netural 5 Pending	26a. OATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 26c. INJ		6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUREO			
TTEND G	TED	2 Accident Investigatio 3 Suicide 6 Could not t 4 Homicide detarmined	26s. PLACE OF INJURY building, atc. (Spe	Y — At home, ferm,			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
NA!	D BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED		YSICIAN: To the best of my know								
E C WILL	w I	296. SIGNATURE AND TITLE OF CERTIF		ATT	ending.	29c LICENSE NUM			O (Month, Day, Year)		
5.5 % MI		30. NAME AND ADDRESS OF PERSON	TE MUM	EATH (ITEM 27) (Type	Print)	10079	230	DJAN	5,1995		
		Marvin J. Felo	dman, M.D. 30	l St. Pau	ıl Place	, Baltimo	ore, Maryl	and 2120	2		
		JAN 0 9 1995	REGISTRAR'S SIGN	Redall							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

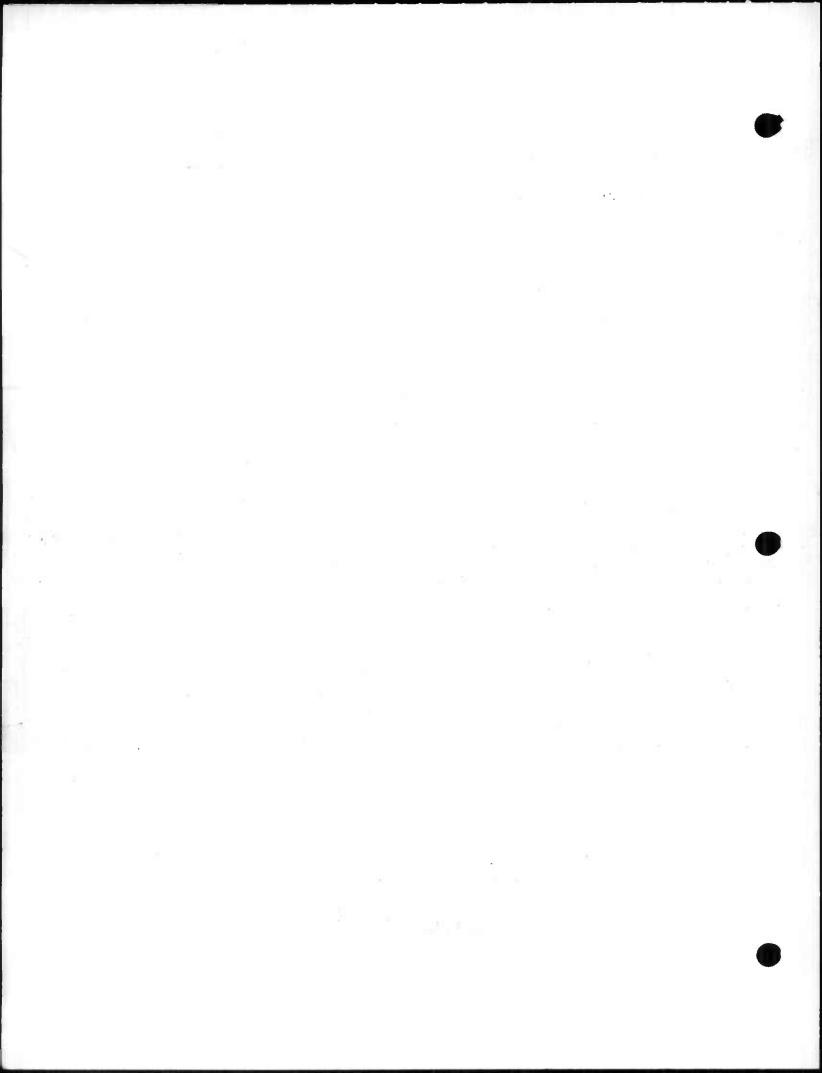
TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR 1 - STATE

	REGISTRAR		CE	RTIF	ICATE (OF DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest) Robert Bernard Gould 2. DATE OF DEATH DAY YEAR JAN. 6, 1995 7:50 A.											
	Robert Bernard (7:50 A. M				
	217-05-5823	5. SEX 1 100 M 2 F	6. AGE (In yrs. les	YRS.	MONTHS DA		(Mont	OF BIFTTH h, Day, Year)	0.0	Countr		
	9a. FACILITY NAME (If not institution, give sti	44	88		9b. CITY. TO	WN OR LOCATION OF		.19,19			Maryland	
DR	Saint Joseph Hos		9b. CITY, TOWN OR LOCATION OF DEATH TOWSON						Baltimore County			
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY								e county			
JIRE			r, town or L		10d. INSIDE							
N. C	Maryland Baltin 100. STREET AND NUMBER		Towson 101. ZIP CODE			-		10a. CIT	IZEN OF Y	1 YES 2 NO		
FUNERAL DIRECTOR	800 Southerly Road	21286					.A.					
S	11. MARITAL STATUS	T EVER IN U.S. ARI	MED	13. WAS	WAS DECENDENT OF NISPANIC ORIGIN? (Specify Ye							
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE V	WAR OR DATES	O		, specify Cuban, Mexi YES 2 X NO Spe		Rican, etc.)		Speci	Mv.	
	15. DECEDENT'S EDUC	ATION	16a DEC	CEDENT'S	USUAL OCCUI	ATION	165	, KIND OF BU	CIMECO (III)	DUGTEN	White	
ETE	(Specify only highest grade (Elementery/Secondary (0-12)	College (1-4 or 5	(Gr		vork done durin	most of working	100	KIND OF BU	SINESS/IN	DUSTRY		
릴	11		1000000	ageme	ent			Wholes	ale i	Lumbe	er	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		٠	18. MOTHER'S NA								
B	James			Gould, Sr. Eli							yan	
2	19a. INFORMANT'S NAME (Type/Print)					eet and Number or Run						
	Alice Wiley Gould 20a. METHOD OF DISPOSITION				F DISPOSITION	ourt, Town	son,				State	
	1 Buriel 2 Cremation 3 Remo	rval from State	cemetery, cres	netory or of	her place)		1					
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										Marytand	
	1 total	Hah)			itchell-W				Manus 1	land 21212	
	6500 York Rd. Baltimore, Maryland 21212 23 PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	snock, or neart reliure. List only one cause on each line.									Interval Between Onset and Death		
	Sequentially list conditions. ACUTE MYO CARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF): COTONATY ARTERY DISEASE										minutes	
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	DUE TO	(OR AS A CONSEC	YENCE OF):	7						
ON		(010)	VATY /	ART	ERY	DISEA	SE				Years	
¥	oue to (or as a consequence of): If any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):											
ERT	reaulting in deeth) LAST											
	PART II. Other significant conditions	contributing to	death but not re	eulting i	n the under	ving cause given i	n Pert I	24a. WAS AN	AUTOPSV	245	WERE AUTOPSY FINDINGS	
EDICAL			//	u G	1 -	1		PERFOR	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	OF DEATHY											
N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				H (Check only							
YSI	1 TYES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	lome 5 - Residence	8 Other (Specify)					
PH	27. MANNER OF DEATN 1 Natural 5 Pending	28s. DATE OF (Month, D		28b. TIME	JRY	INJURY AT WORK?	28d. OEŞCRIBE HOW INJURY OCCUREO					
B₹	2 Accident Investigation	E IN HIEV As been	- A		YES 2 NO							
	3 Suicide 4 Homicide 5 Could not be datarmined 288. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									loute Number,		
COMPLETED	29a. CERTIFIER	NAM. To the best of	- 1									
₩.	CERTIFIEN (Check only one) CERTIFINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piecs, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.											
	29b. SIGNATURE AND TITLE OF CENTER 29c. LICENSE NUMBER / 29d. DATE SIGNED (Month, Day, Year)											
BE	and	11000	MD			D24/	2 V		29d. DAT	SIGNED	19 C	
2	30. NAME AND ADDRIESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	VOHND. MILTOMD. 7680 OSLER DR #213 TOWSON MILZINOY											
	31. DATE FILED (Month 9 1995	32 7 5 5000	ar distribute				- /	-/			1 0 100	
- 1	THIN O O 1999 /											



The thir the rectificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. INCINIG PRINCIAN: The law requires that the death certificate be executed within 2 Frours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFIC	CATE O	F DEATH	R	EG. NO.				
- 1	1. DECEDENT'S NAME (First, Middle, Last) JOSEPH VINCENT G	SIARDINA					2. DATE OF E	DEATH DAY	YE.	AR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest	birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF B	URTH	9		ACE State or Foreign	M
	213-60-5525	1 💢 M 2 🗆 F	40	YRS.	OAY	HOURS MIN.	JAN. 25	y, Ybar)	1 0	country)	LAND	
DIRECTOR	9a. FACILITY NAME (If not institution, give s 1104 DORCHESTER A		9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE					BALTIMOKE				
1 H	10a. STATE 10b. COUNT	Y		10c. CITY.	TOWN OR LO	CATION				140	Id. INSIDE CITY	\exists
	MARYLAND ANNE	ARUNDEL	FERNDALE								LIMITS?	
FUNERAL	8 SECOND AVENUE S					21061		U.S.			• COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 📉 Merried 3 Number 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X Y IF YES, GIVE WAR O	ES 2 N	MED O	If yes,	ECENDENT OF HISPAN specify Cuban, Maxica (ES 2 NO Specify	n, Puarto Rican			Black, V Specify:	American Indien, /hite, etc.	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					D OF BUSIN	ESS/INDUST	RY	-	
COMPLETED	Elementary/Secondary (0-12)	C-2	Mo.	Do NOT use i	ANALY		COMP	COMPUTER ELECTRON		RON	ICS	
E CO	17. FATHER'S NAME (First, Middle, Last) VINCENT JOSEPH GI	ARDINA				18. MOTHER'S NA STELLA						
00	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING AT	DDRESS (Street	et and Number or Rural I				n).		
2	DEBRA GIARDINA		8	SECO	ND AV	ENUE SOUTH		NDALE	E, MD.	21		
3	20a. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		cemetery, cren NEW C			(Neme of CEMETERY	1/10		TIMORE		Stata	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Colomo	~		HUBB	AND ADDRESS OF FA ARD FUNERA WILKENS A	AL HOME	•		MD	21229	
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ASDAYX/ATCAN BY HANGING DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									Onset and Deat	1	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
- 1	PART II. Other algnificent condition	e contributing to deet	h but not re	eulting in	the underly	ing ceuse given in	Part I. 24a.	WAS AN AU			RE AUTOPSY FINDINGS	
N: MEDICAL							10	PERFORME YES 2 [[]		OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMPLER?	HOSPITAL:				PLACE OF OEATH (Che	ock only one)					
S	1 TYPES 2 NO	1 Inputient 2 ER/C	Outpatient 3	□ DOA 4	OTHER:	ome 5 Rasidence	8 Other (Spe	ecify)				
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJUF (Month, Day, Yes	RY	28b. TIME C	TY .	NJURY AT WORK? YES 2 NO	28d. DESCRIB	E HOW INJU	JRY OCCURE	D		
ETED B	2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF INJU building, etc. (S	URY — At hon Specify)	ne, farm, stre	et, factory, of	fica	28f. LOCATION City or Tox	N (Street and vn, State)	Number or Ru	irel Rout	Number,	
COMPLE		CIAN: To the best of my kr								se(s) an	od menner as stated.	
8	29b. SIDNATURE AND THE OF CERTIFIER	Diama	m 1	m	7	29c. LICENSE NUN	IBER	2	ed. DATE SIG	MED MA	Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH NEM	27) (7) PO	(edop	2 1/1/			+	7	5 7/228	+
	31. DATE FILED (Month, Day, Year) 1 AN U 9 1995	32. REGISTRAR'S SI	RENTURE H	> //	edol	CIEK HY		410	NSU	L	Md.	1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to the Hospital or attending physician.

TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

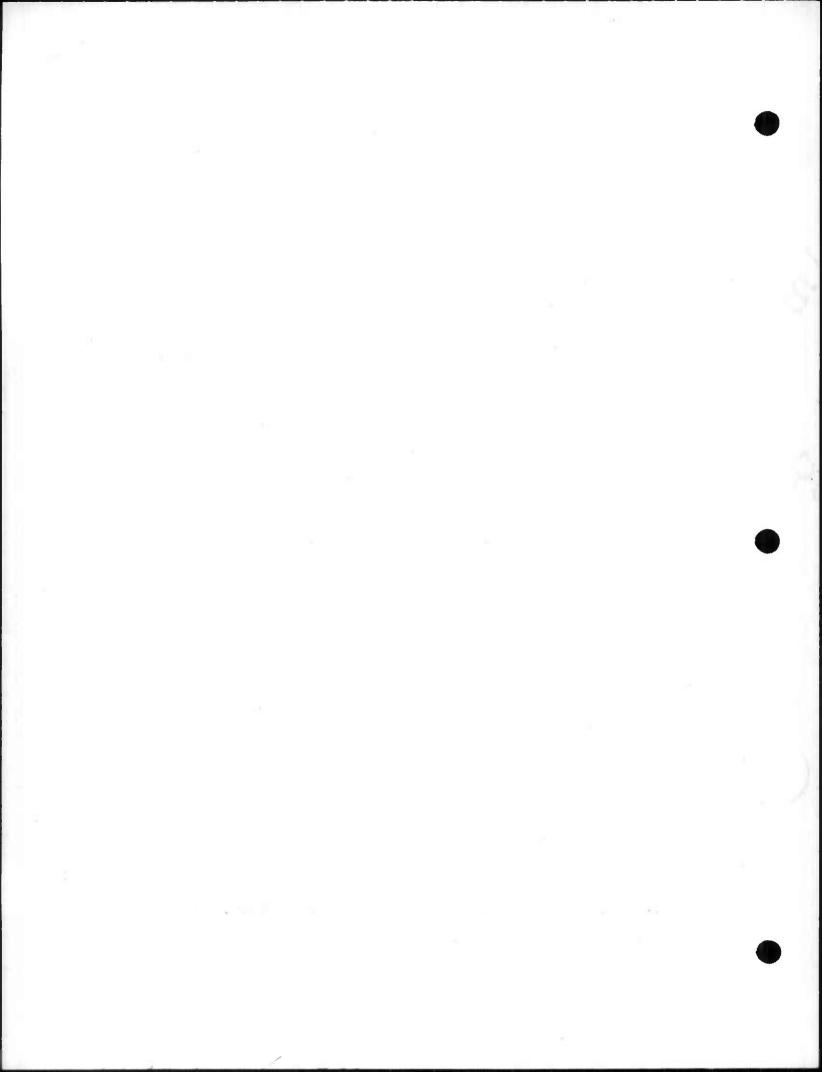
	1. DECEDENT'S NAME (First MARGARET		MARY		GUT	TENE	BERG	ER		2. DATE OF DEA	5°7895	YEAR	3. TIME OF DEATH 9:15 am
	4. SOCIAL SECURITY NUMBER 213-09-67		5. SEX 1 M 2 X F	6. AGE (In yrs. I	est birthday) YRS.	IF UNDER	DAYS	IF UNDER 2	BARRA	7. DATE OF BIRT (Month, Day, Y		Country	PLACE (State or Foreign
1 3	80. FACILITY NAME (If not in	natitution, give a	street end number)			9b. CIT		OR LOCATION		TH		UNTY OF DE	EATH
OR	Saint Jose		oital				Tov	vson, !	Mary	and		Baltin	nore
5	RESIDENCE OF DEC												
DIRECTOR	Maryland	Bal	timore			altir		Coun	ty				10d. INSIDE CITY LIMITS? 1 YES 2 NO
A	10e. STREET AND NUMBER		- 7				10	of. ZIP CODE			10g. Cl	TIZEN OF W	HAT COUNTRY?
E	5000 F West	Land]	BIvd.					212	227			U.	S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo			HT EVER IN U.S. A YES 2 NAR OR DATES	AMED (NO		If yes, a	CENDENT OF pecify Cuben, 8 2 XNO	, Mexican,	C ORIGIN? (Spec , Puerto Rican, el	ify Yes or No-	14. RACE Black Specifi	- American Indian, , white, etc. y: White
8		EDENT'S EDU		18a. C	ECEDENT'S	USUAL O	CCUPAT	ION		16b. KIND C	F BUSINESS/IN	IDUSTRY	
COMPLETED	Elementary/Secondary (y highest grade	College (1-4 or 5		Give kind of fe. Do NOT L	work done as retired.)	during m	ost of working					
P	9			"	Pag	cker				MD	Bisquit	t Com	nanu
O	17. FATHER'S NAME (First, M	fiddle, Last)						16, MOTHE	ER'S NAM	E (First, Middle, N			Daily
	Carl Schell	er						AL PER		ara Mer			
BE	18e. INFORMANT'S NAME (95. MAILING	G ADDRES	g /Street			oute Number, City		In Codel	
2	Catherine G		L					Drive		altimor			
	200. METHOD OF DISPOSIT	ION			E AND DATE				D		DC. LOCATION -		Otata
	1X Buriel 2 Cremette 4 Donation 5 Other	on 3 🗆 Rem	oval from State	cametery, c	rematory or o	other place)		4 10				
	21, SIGNATURE OF FUNERA		CENSEE	Most	HOTA	Rede	PETTE	ND ADDRESS	1/9	/95	Baltimo	ore,	MD
	60	0.16	000	0	1	I	ill	y & Ze	eilei	r, Inc.	Funera	al Ho	mes
	leza	ver	1 De	lex	RI	7	00	S. Cor	ıklir	ng Stre	et Balt		MD 21224
	23. PART I. Enter the dehock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	eert fellure. nal	a. CONGE	use on each lir	ISCHE	EMIC							Approximeta Interval Between Onset end Death 3 YRS
ATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY	diate ING	b	(OR AS A CONS	EQUENCE O	OF);							
CERTIFICATION	CAUSE (Disease or Inju that initiated eventa resulting in death) LAS		OUE TO	(OR AS A CONS	EOUENCE C	OF):							
	PART II. Other eignifice	nt condition	na contributing to	death but not	regulting	In the u	ndertylr	na ceuse al	ven in P	Part I 24e W	AS AN AUTOPSY	246	WERE AUTOPSY FINDINGS
PEDICAL					, rounding			ig couse gi		Pi	ERFORMED?	240.	MAILABLE PRIOR TO COMPLETION OF CAUSE
0										- '''	ES 5 NO		OF DEATH?
2										_			1 - YES 2 - NO
Z													
5	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF DE	ATH (Chec	ck only one)			
YSI	1 - YES 2 3 NO		1 Kinpatient 2	☐ ER/Outpatient	3 DOA			ne 6 🗆 Res	idence 8	☐ Other (Specif	y)		
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation	28a. DATE OF		28b. TII	ME OF JURY M	W	JURY AT ORK? YES 2 _		26d. DESCRIBE	HOW INJURY OF	CCURED	
	3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE (building	OF INJURY — At I , atc. (Specify)	nome, ferm,	street, fac	tory, offi	ce		28f. LOCATION (: City or Town,		er or Rural R	bute Number,
COMPLETED	one)		ICIAN: To the best of										end manner es stated.
BE	296. SIGNATURE AND TUTU	OF CHITTIPLE	Meda	2				29c. LICEN		BER	29d. DA	TE SIGNED	(Month, Day, Year) 5-95
10	30. NAME AND ADDRESS O						V, M						
	31. DATE FILEO (Month, Day,	Year)	# . REGISTR	AR' SIGNATURE									
	JAN 0 9 199	15 Ja	in diruction	rhadall									

DIVISION OF VITAL BECORDS P.O.

		1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT OF H	HEALTH AND	MENTAL HYGI			
			GOLDBERG				2. DATE OF OEAT	y ^x 2,19	3. TIME OF DEATH 11:09	
Pir		4. SOCIAL SECURITY NUMBER 088 05 0668	1 涨M 2 🗀 F	E (In yrs. lest birthday) 78 vrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH	1916 N	B. BIRTHPLACE (State or Foreign Country) YOU'K	
, 2, 3 should	ECTOR	90. FACILITY NAME (If not institution, of Suburban Hos	spital		Bethe	or location of d sda	DEATH		gomery	
it. Pages 1,	DIREC	10a. STATE 10b. CO			OCKVII				10d. INSIDE CITY LIMITS? 1 YES 2 XHO	
n. ansit permit.	FUNERAL	100. STREET AND NUMBER 4812 Creek S	Shore Dr.			1. ZIP CODE 0852		25.7	en of what country? ed States	
LAND CICID-UCCU the hospital or attending physician. detached for use as the burial-transit once.	8	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 12 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	CENDENT OF HISPA secify Cuben, Mexic 2 2 300 Speci	INIC ORIGIN? (Specify an, Puarto Rican, etc. #y:	Yes or No — 1	4. RACE — American Indian, Black, White, etc. Specify: White	
vital or attend	LETED	15. DECEDENT'S (Specify only highest (Elementary/Secondary (0-12)	EDUCATION	18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Milkman			16b. KINO OF			
8 6 6 C	E COMPLET	17. FATHER'S NAME (First, Middle, Less Louis Goldbe	1)					Wholesale Delivery ER'S NAME (First, Middle, Melden Surneme) Sie Unknown		
be notified	TO BE	19a. INFORMANT'S NAME (Type/Print) Freda Goldbe	rg		as #10	and Number or Rural	Route Number, City or		ode)	
death. Page 6 may funeral director, pa examiner must b		20e METHOD OF DISPOSITION 1 ABuriel 2 Cremation 3 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	Removal from State	ob. PLACE AND DATE emetery, grematory or calling Dav	id Mem.	. Gdn.1	/3/95 F	alls C	ty or Town, State hurch, VA	
		AuneMan	ukuku	•	Ives- Falls	Churc	n Funer h VA 2	2046		
filled in on or he me		IMMEDIATE CAUSE (Finel disease or condition	ure. Liet only one ceuse on	ed the deeth. Do each line.				espiratory arres	Approximate interval Between Onset and Daath	
B 2 - 5	z	resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	ச <u>ி</u> :		cular D	isease	Indefini	
sician prior t	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE O	F):					
th certification in Hygies	CERTIF	that initiated events resulting in death) LAST	d.	A CONSEQUENCE O						
264	DICAL	PART II. Other significant condi	itions contributing to deeth	but not resulting	in the underlying	g cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
le law requires that has been signed lept. of Health and 23 shows any	AN: MEDI	DID TOBACCO USE CO		OF DEATH YE	S NO [UNCERTAI	NØ		1 TES 2 NO	
# a a a	SICI	25. WAS CASE REFERRED TO MEDICA EXAMINER? YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou		OTHER:	e 5 🗆 Residence	8 Other (Specify)			
를 하는 분 등 (P)	ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigati		IN.	M 1 1	PRK?	28d. DESCRIBE HO	W INJURY OCCU	RED	
OH ATTENDING UNECTOR: Atter fours after death Item 28 is man	ETED	3 Suicide 8 Could not determine	d	эвспу)			City or Town, St	e(o)	Rural Route Number,	
ANT. II II	COMPL	(Check only one) 2 MEDICAL EXAI	HYSICIAN: To the best of my known							
TO THE HISSE OF THE SERVICE PARTIES OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF T	TO BE	28h. SIGHATAME AND TITLE OF CENT	WHO COMPLETED CAUSE OF C			29c. LICENSE NU D07099	MBER		SIGNED (Month, Day, Year) U44431995	
10		Francis C. M. 31. DATE FILED (Month, Day, Year)	avle.10215	Ennue		thesda	MD 2081	7		
10		JAN 0 9 1995	7-1							

te

		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	HEALTH AND	MENTAL	HYGIENE REG. NO.	E		
		1. DECEDENT'S NAME (First, Middle, Last) JAMES	THOMAS				2. DATE OF MONTH		Y Y	EAR 3.	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER			ARTNETT	IF UNDER 24 HRS.	7. DATE OF	BIRTH		BIRTHPL	12 · 30 A
pin		213 03 2426	1 (XM 2 □ F 76	O YRS.	DAYS DAYS	HOURS MIN.	04	26 1		Country)	-
2, 3 should	TOR	9a. FACILITY NAME (If not institution, give st 3910 HUDSON S RESIDENCE OF DECEDENT		9		MORE C			9c. COUNTY	OF DEAT	ТН
permit. Pages 1,	DIRECTOR	10e. STATE 10b. COUNTY			own or Local						d, INSIDE CITY LIMITS? PES 2 NO
75	ERAL	3910 Hudson Stre	eet		101	ZIP CODE 21224			10g. CITIZEI		T COUNTRY?
215-0020 attending physician. se as the burla-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DATE WAS NOT DATE WAS NOT DATE WAS NOT DATE WAS NOT DATE WAS NOT DATE.	U.S. ARMED 2 NO TES	If yes, sp	ecify Cuben, Mexica 2 NO Specific	an, Puerto Ric	Specify Yea (an, atc.)	or No- 14	RACE — Black, W Specify: hite	American Indien, Thite, atc.
or attend	ETED	16. DECEDENT'S EDUC (Specify only highest grade	CATION	18e. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo		16b. K	IND OF BUSI	INESS/INDUS		
LAND 2 the hospital of detached for	APLE	Elementary/Secondary (0-12) 12	College (1-4 or 5+)	Office			Pol	ice D	epart	ment	
YLAND 21 by the hospital of the detached for at once.	BE COMPL	17. FATNER'S NAME (First, Middle, Last) James Thomas Har	tnett,Sr.			18. MOTHER'S NA		idle, Maiden S isham			
E, MAR be retained ge 5 should	10 B	190. INFORMANT'S NAME (Type/Print) Mary Barbara Hart	nett			nd Number or Rural Ve. Lehic					
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	oval from State cemei	PLACE AND DATE OF E stery, cremetory or other PW. Cathed	DISPOSITION (Na place)	ime of	DATE	20c. LOC	to., M	or Town,	State
2 2 2 3		21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE Jule		Charle	es S. Ze:	iler &	Son	Inc.	Ма	
within 24 hours within 24 hours apletely filled in to cremation, or ref		23. PART I. Enter the disesses, or conshock, or heart feiture. I. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Arterioscle	Ch line.	enter the mo	de of dying, suc	ch se cardis	c or respire	atory screst	9	Approximata interval Between Onset and Deati
P.O. BOX 68' h certificate be execute ending physician and or Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):							
the d were	MEDICAL (PART II. Other significant conditions	contributing to death but	t not resulting in t	he underlying	g ceuse given in		Te. WAS AN AN PERFORM	NED?	AW	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATN?
S3 by	AN:	DID TOBACCO USE CONTR		DEATH YES		UNCERTAII	N D	INQUI	ERY		YES 2 NO
- F 2 % 5	PHYSICI	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpat	0	THER:	e 5 X Residence	8 Other (S	ipecify)			
S PHYSICIAN: This cartifican in with the St tearhard, or It	ВУ РН	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WO	URY AT RK? 'ES 2 NO	28d. DESCR	IBE NOW IN	JURY OCCUR	ED	
OR ATTERON DIRECTOR: A NOUTS after des		3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specify	At home, farm, streety)	et, factory, office	•	281. LOCATE City or	ON (Street en Town, Stelle)	d Number or I	Rural Routi	Number,
# # # E	COMPLET	29e. CERTIFIER (Check only one) 1	EIAN: To the best of my knowleds: On the basic of exemination.	dge, death occurred a	t the time, date	end piece, and due	to the cause time, date en	e) end menn d plece, end	er ee stated.	Puse(e) en	d menner ee stated.
TO THE HUNSPIT TO THE FUNER De find within 2 IMPORTANT.	TO BE	206 ANDWATURE AND TITLE OF CERTIFIER	There for	9		O.C.M				GNED (MO	onth, Day, Year) 09/95
7		Mario F. Golle	Jr. M.D.	111 Penn		, Baltim	nore, l	Maryla	and 21	201	
		JAN 0 9 1995	22. REGISTRAR'S SIGNAT	LC LC							



2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

O B

2	1.7	236-24-6172	1 X X M 2 □ F	68	YRS.	WONTHS CAN	HOOMS WIN.		1 5,1	
3 should	œ	Se. FACILITY NAME (If not institution, give s					N OR LOCATION OF	DEATH		
1. 2. 3	DIRECTOR	Northwest Hospita	1 Center			Randa	lstown			
Pages	REC	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR LO	CATION			
permit. P		Maryland N/A				Baltimo				
-ts	FUNERAL	604 Cedarcroft R	load				21212			
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit notified at once.		11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1 X IF YES, OIVE WA	YES 2 N		If yes,	DECENDENT OF HISPANIC ORIGIN? (Specify Yaspecify Cuben, Maxican, Puerto Rican, etc.) ES 2 NO Specify:			
15-0 ending as the	D BY	3 Widowed 4 Divorced 15. DECEDENT'S EDU	0.5-0.0	WWII						
or att	COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)		(Gi	ve kind of Do NOT u	WSUAL OCCUPA work done during se retired.)	most of working	16b. K	IND OF BU	
AND 2. The hospital of detached for once.	APL	9	Consign (1-4 of 5 +)		ck M	lason		Re	stora	
MARYLAND retained by the hospita 5 should be detached notified at once.	CO	17. FATHER'S NAME (First, Middle, Last)					The second second	NAME (First, Mid		
IARYL tained by the should be	BE	Bezzel Allo Hur 180. INFORMANT'S NAME (Type/Print)	iter	1				Bradsh		
MA retain 5 sho notifi	5	Audrey V. Huner	Hunter				DRESS (Street and Number or Rural Route Number, City or darcroft Road Baltimore			
RE, nay be page		20a, METHOD OF DISPOSITION 1 X Burtal 2 Cremation 3 Ram	and from Otio	20b. PLACE	ND DATE	OF DISPOSITION		DATE	20c. LC	
MORI ge 6 maj lirector, p		4 Dopation 5 Other (Specify)		Cres	tlaw			1/11		
BALTIMORE, er death. Page 6 may be the funeral director, page ral.		21. SUSPATURE OF FUNERAL SERVICE LIC	INSEE /	1		22. NAME	AND ADDRESS OF	chell-	Wied	
P.O. BOX 68760, the crificate be executed within clours after and completely filled in by 1 Hygiene prior to burial, cremation, or remoor or other traumatic event, the medical or other traumatic event, the medical		23. PART i. Enter the diseases, or o	en len	aRIC		6500	York Ro	ad Bal	timo	
	CERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST	a. Metas DUE TO (6		OUENCE O	F):	Cell Co	orcino	2ma	
RECORDS requires that the d been signed by the t. of Health and Mee	MEDICAL	PART II. Other algnificent condition	a contributing to d	deeth but not r	eeuiting	in the underly	Ing cause given i		4e. WAS AMPERFOR	
4 o E C =	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF DEATH (Check only one)		
77 - 7 0	> 1	1 YES 2 NO	1 Inpatient 2 28a. DATE OF II		DOA 266. TIN		ome 5 Residence	e 6 ☐ Other (S		
〇天活	ву Рн	1 Pending	(Month, Day			JURY	WORK?	200. 02301	IIDE TOW	
TISION OF TENDING PHYSIC STOR After this ce The death with the	0	2 Accident Investigation 3 Suicide a Could not be determined	28e. PLACE OF building, e	INJURY — At ho itc. (Specify)	me, farm,	street, factory, o	ffice	281. LOCATI City or	ION (Street Town, State	
	COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE				1				
W NH S	_	296. NONATURE AND TITLE OF CERTIFIES		-		. ,	29c, LICENSE N		p	
) BE	Byma	2				D40	491		
	10	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE	V. W.	4 27) (Type	Prine) dd (inut 1	Rond	als	

Item # 1,19a film # G 719 1-9-95 N.A. Per funeraal Home

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

HUNTER

Wesley Hunter Sr.

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

Harold

5. SEX

1. DECEDENT'S NAME (First, Middle, Last)

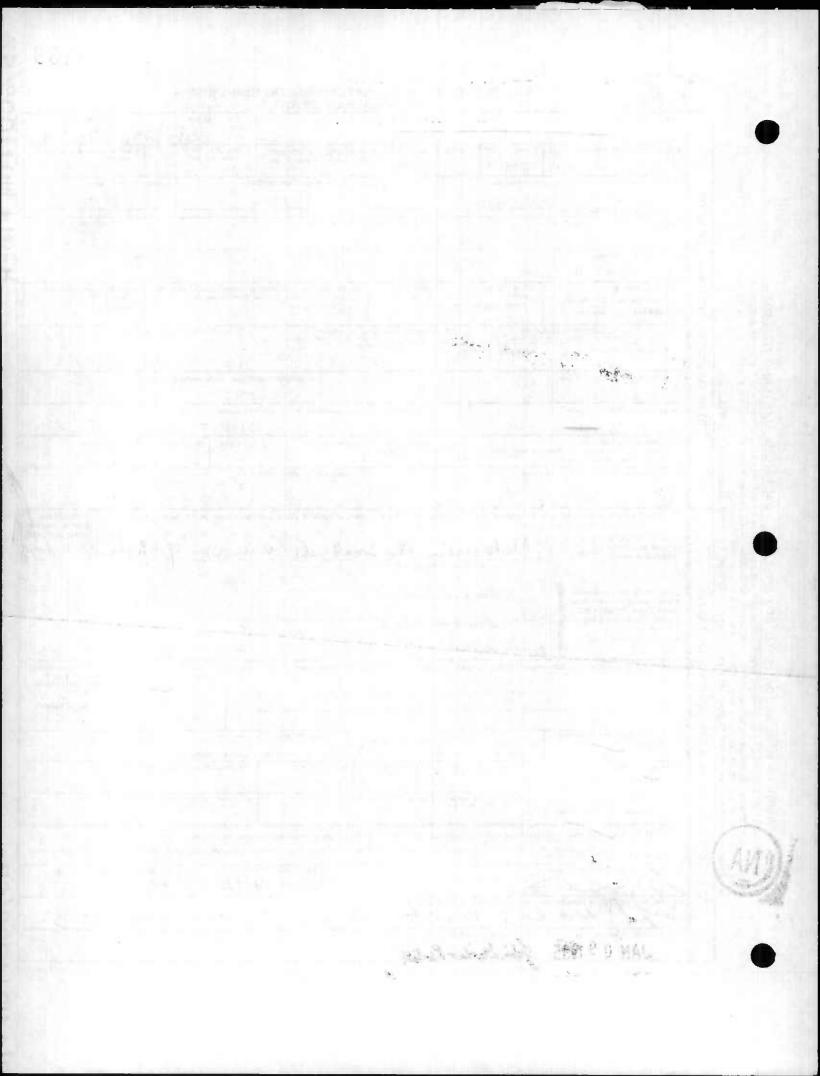
4. SOCIAL SECURITY NUMBER

31. DATE FILED (Month, Day, Year)

3. TIME OF DEATH 1995 7.50 A B. BIRTHPLACE (State or Foreign Country) West Virginia 9c. COUNTY OF DEATH Baltimore 10d. INSIDE CITY LIMITS? 1XXYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: White ISINESS/INDUSTRY ation Construction Sumame) vn, State, Zip Code) Maryland 21212 OCATION — City or Town, State kesville,Maryland efeld Home re, Maryland 21212 Approximata Interval Between Onset and Death piratory arrest, 11 da 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Y AUTOPSY 1 | YES 2 | NO INJURY OCCURED and Number or Rural Route Number, nner as stated. nd due to the cause(s) and menner as stated.

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
AR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN			
	1. DECEDENT'S AME (First, Middle, Last)	F.	HERSH		2. DATE OF GEATH	1995 "	an 12:30 pm	
	4. SOCIAL SECURITY NUMBER 193-12-9422	1 □ M 2 1 9	86000	INDER 1 YEAR IF UNDER 24 HRS THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Pennsylvania	
OR	9a. FACILITY NAME (If not institution, give st Saint Joseph Hosp	ital	9b.	Towson, Ma		9c. COUNTY	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d, INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	Baltimone	7	OWA OR 10f. ZIP CODE		10g. CITIZEN	1 YES 2 NO	
FUNERAL	305 E. Joppa 11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	2/20			RACE — American Indian,	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO ATES	If yes, specify Cuben, Max 1 ☐ YES 2 ☐ NO Spe	can, Puarto Rican, atc.)		Black, White, atc. Specify: White	
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S USUI (Give kind of work of life. Do NOT use reti	fone during most of working	16b. KINO OF BU	SINESS/INDUST	TRY	
MPL			Sales La	0		tore		
S U	17. FATHER'S NAME (First, Middle, Lest) Abnam 7. 8	2 not 2			NAME (First, Middle, Melden			
TO B	Abram T. B. 19a. INFORMANT'S NAME (Type/Print)			RESS (Street and Number or Run	al Route Number, City or Tow	n, State, Zip Coo	,	
	Mr. Vincent J. 200. METHOD OF DISPOSITION	770	PLACE AND DATE OF DIS	Southwest Sposition (Name of	Rd. Balto	md CATION CITY	21234	
	1 🔀 Burial 2 🗆 Cremation 3 🗆 Rame 4 🗆 Donation 5 🗆 Other (Specify)	oval from State Cer		oward Day (22. NAME AND ADDRESS OF				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS OF Hartley M	Llen Fun	eral H	lome	
	23. PART I. Enter the diseases, or c shock, pr heart failure.	omplications that cause	d the death. Do not e	7527 Harle	ich as cardlec or resp	ratory arrest		
	IMMEDIATE CAUSE (Final			741 81 555			Interval Between Onset and Death	
	resulting in deeth)	DUE TO (OR AS	CONSEQUENCE OF):	HAL BLEED			24 HRS	
NO	Sequentially list conditions,	DUE TO /OR AS	CONSEQUENCE OF):					
CATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		CONSECUENCE OF).					
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	CONSEQUENCE OF):					
	PART II. Other algnificent conditions	e contributing to death i	ust not socialize in th		n Part i. 24s. WAS AN			
JICAL		a contributing to death I	At not readiling in the	e underlying cause given	PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC							OF DEATH? 1 - YES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONTR	RIBUTE TO CAUSE C	26. PLACE OF DEATH (C)		IN 🗆 📗			
YSIC	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out		HER: Nursing Home 5 - Realdenc	8 Other (Specify)			
	27. MANNER OF DEATH Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	ED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY building, atc. (Spe	— At home, farm, street,		281. LOCATION (Street City or Town, State)		Tural Route Number,	
ETE	4 Homicide determinad				City or lown, State)			
COMPLETE				the time, data and placa, and d my opinion, death occured at ti			iuse(a) and mannar as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)							
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	D 19508		- //	4/95	
	NATIVIDAD D. DELE	ON, M.D., 762	O YORK ROAL	0,				
	JAN 0 9 1995	On the special section of the sectio	PIRE					

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	NAL UPECTOR: After this certificate has been signed by the attending physician and completely filled in	72 Murs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re	the marked or item 23 shows any injury or other transfer areast the man
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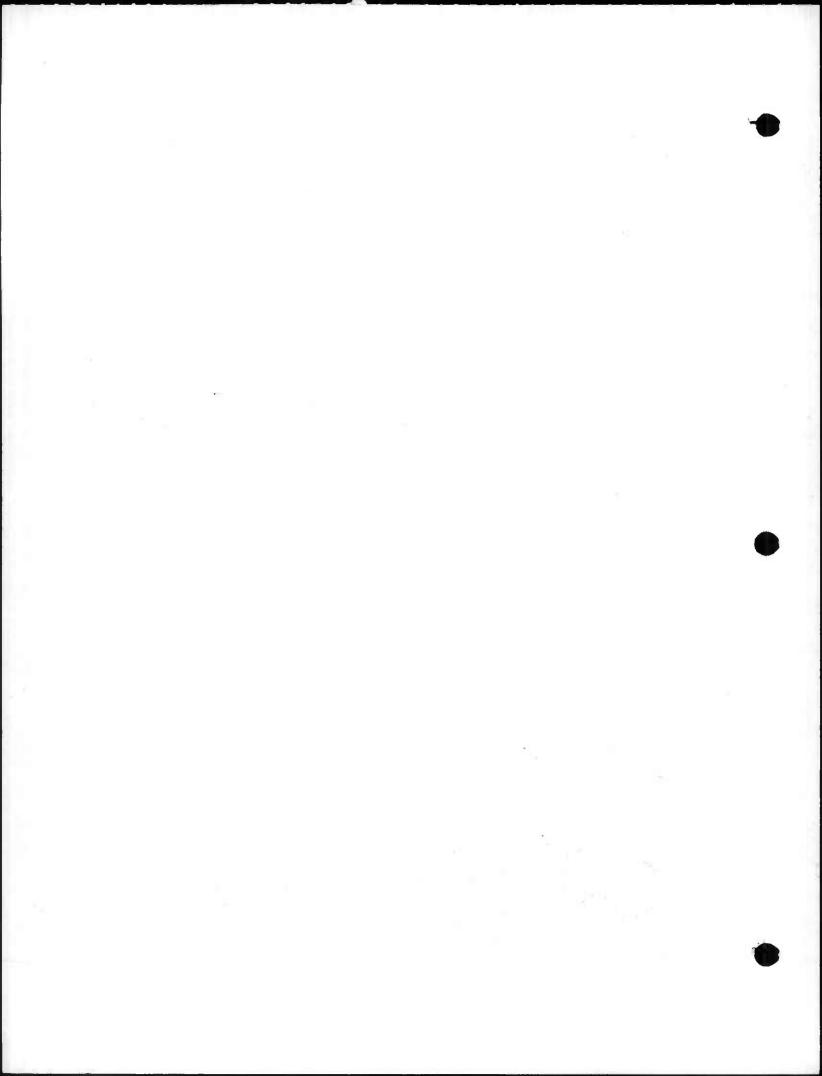
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_				RYLAND /	DEPAR	TMEN	T OF H	EALTH DEAT	AND ME	NTAL HYGIEN			
		1. OECEDENT'S NAME (First, Middle, Last)								. DATE OF DEATN	AY /		3. TIME OF DEATN
		MARBLEY.	DeTer							1 / 3		95	9: 18PM
				AGE (In yrs. las		IF UNDER	DAYS	IF UNDER 2	24 HRS. 7.	DATE OF BIRTN (Month, Day, Year)		8. BIRTNP	LACE (State or Foreign
		013013001	☑ M 2 ☐ F	78	YRS.					1 19 16		S. "	CAROLINA
	œ	9a. FACILITY NAME (If not institution, give street		HOME		9b. CITY		T T MOD		71. 07 01. 11.			ATN
	2	FAIRMOUNT	NURSING	HOME			BAL.	TIMOR	E (1	. I Y		n/a	
	DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT						10d. INSIDE CITY
		MARYLAND	n/a				BAL [*]	TIMOR	E			XX 4ES 2	
	FUNERAL	100. STREET AND NUMBER	ROADWAY				101	ZIP CODE	231		10g. CITI	ZEN OF WI	STATES
-	剪											ED.	STATES
	윤	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	YES 2	MED 10	13.	WAS DEC	ENDENT OF	NISPANIC Mexican, P	ORIGIN? (Specify Yes	or No-	Black,	- American Indian, White, atc.
	B	3 XX Widowed 4 □ Divorced	FORCES? 1 [] IF YES, GIVE WAR	OR DATES'			1 TYES	2XX NO	Specify:			Specify	BLACK
		15. DECEDENT'S EDUCATI		16a. OE	CEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF BUS	SINESS/IND		
		(Specify only highest grade com Elementary/Secondary (0-12) C	ollege (1-4 or 5+)	Hfe.	Do NOT us	e retired.)	during mo	st of working		CTATE		44.0 D V	0.11.0
4	COMPLETED	8 TH		51	ECUR]	. I Y				STATE	01	MAR Y	LAND
000	္ပ	17. FATNER'S NAME (First, Middle, Last) DAVID JJETER	David Jo							(First, Middle, Malden	Surname)		
90	BE		navid 30						NNA	JETER		<u> </u>	
E	임	19a. INFORMANT'S NAME (Type/Print) LILLIAN DELAI	NFY	190	1213	ADDRES	S (Street a	NNVAI	F AVF	NUF BAL	n, State, Zip	Code) F M	ARYLAND#13
8		20s. METHOD OF DISPOSITION											
17. FATNER'S NAME (First, Middle, Last) DAVID JJETER David Jeter 18. MOTNER'S NAME (First, Middle, Maiden Sumame) ANNA JETER 192. INFORMANT'S NAME (Type/Print) LILLIAN DELANEY 192. INFORMANT'S NAME (Type/Print) LILLIAN DELANEY 193. INFORMANT'S NAME (Type/Print) LILLIAN DELANEY 194. MAILING ADDRESS (Street and Number or Rural Acute Number City or Town, State, Zip Code) 1213 E. LANNVALE AVENUE, BALTIMORE, MAP 205. METHOD OF GISPOSITION 1 DONATION S Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.—1101 E. NORTH 23. PART t'Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, shock, or heart failure. List only one cause on each line. 14 DONATION OF CISPOSITION OATE OA													
ner.		21. SIGNATURE OF FUNERAL SERVICE LICENS	EE	INTING	1			ID ADDRESS			NUALL	.310W	N, MD
mex.		b 600, 71	3/4/	and &	/	W	M. C	MAR	CH EH	11101	F. NO	R TH	AVENUE
lca		23. PART I. Enter the diseases, or com	plications that co	aused the da	ath. Do r								Approximata
E E	l	shock, or haart fallure. List IMMEDIATE CAUSE (Final	only ona cause	on aach iina						o condition of 198pi	atory arr	Dat,	Interval Batween Onset and Death
흝	ı	disesse or condition resulting in death)	Ca	er dio V	ascu	lar	(cella	05c				Onset and Death
Vent	ı	a,_	DUE TO (OF	AS A CONSEC	DUENCE OF	F):		- /	-	.1		_	
3	Z	Sequentially list conditions,	F	neum									
anu	RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING		AS A CONSEC	-								
10 tr	<u> </u>	CAUSE (Disease or Injury C	OUE TO (OE	AS A CONSEC	NIENCE OF	nsu	Fre	rency					-
5		that initiated events resulting in death) LAST	002 10 (01	AS A CONSEC	DENCE OF								
	8	d											1
shows any injury,	Y	PART II. Other significant conditions co	- ()	-		n tha ur	ndarlying	cause giv	ven in Par	t i. 24a. WAS AN PERFOR			VERE AUTOPSY FINOINGS
am	MEDICA	Marte infarce	24	ements	a					1 TYES 2			COMPLETION OF CAUSE OF GEATH?
how												1	☐ YES 2 € NO
23	ä	DE UNO CARE DEFENDES DO MEDIAN											
item 23	The inpartant 2 EN/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify)												
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		1 Natural 5 Pending	(Month, Day,			URY M	WO		36	u. Degenibe now ii	NJUNT OCC	UNED	
	D BY	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF IN	JURY At ho	me, tarm, s	treet, fact				t. LOCATION (Street a	ind Number	or Rural Roi	ute Number,
78	ш Ш	4 Nomicide detarmined	building, atc.	(Specify)						City or Town, State)			
Hem	OMPLE	29a. CERTIFIER (Check only	: To the best of my	knowledge, da	ath occurre	d at the t	ime, data	and place, a	and due to t	he cause(a) and man	iner an state	ıd,	
Ī	S	one) 2 MEDICAL EXAMINER: O											and manner as stated.
7	ם ו	296. SIGNATURE AND TITLE OF CERTIFIER	3						ISE NUMBEI				Aonth, Day, Year)
E I			30than	i mo				D.	- 265	594	•	1/3	11995

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38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

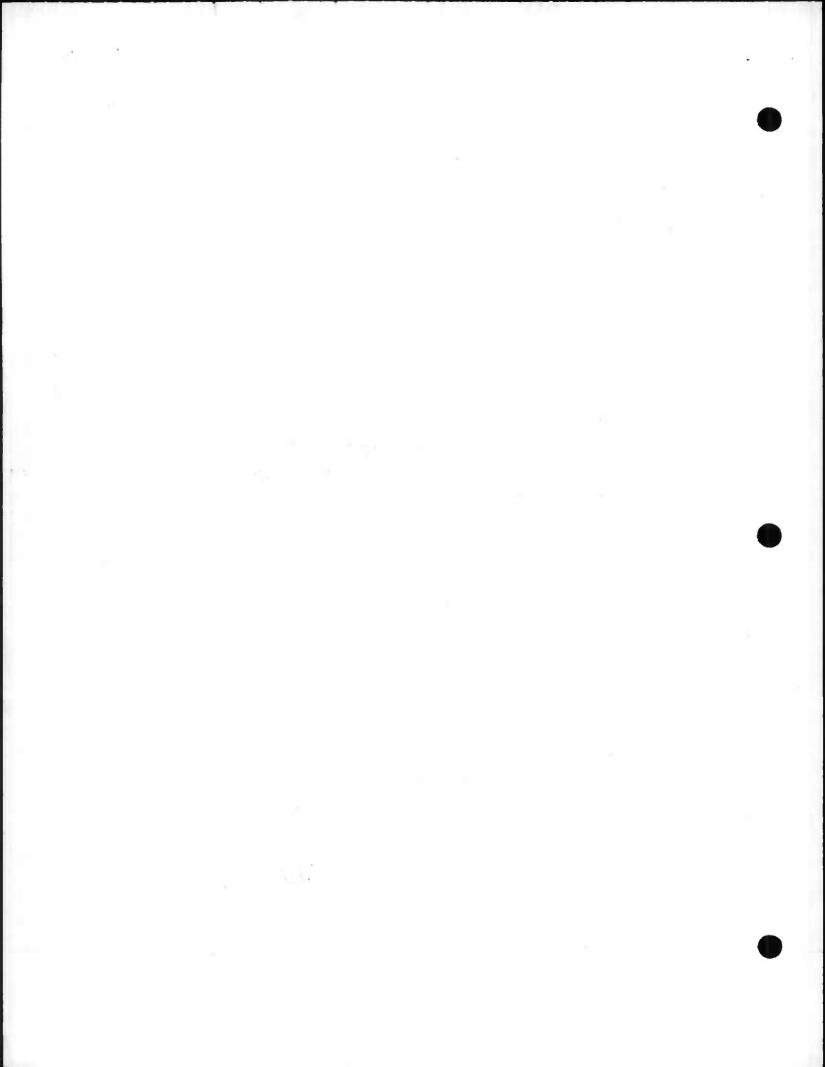
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-		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	MENT OF H	EALTH AND	MENTAL HYGIE		
0		1. DECEDENT'S NAME (First, Middle, Last)	D. 3	tones			2. DATE OF DEATH MONTH	DAY O	3. TIME OF DEATH
Pir		213-72-6686	1 □ M 2 💢 F 3	6 YRS.	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, 1691) NOV. 19, 19	158	BIRTHPLACE (State or Foreign Country MARYLAND
, 2, 3 should	TOR	98. FACILITY NAME (If not institution, give stre BAYVIEW HOSPI RESIDENCE OF DECEDENT		91	BALT I	MORE C	EATH [TY	200	y of Death n/a
if. Pages 1,	DIRECTOR	MARYLAND 10b. COUNTY	n/a	10c. CITY, T	OWN OR LOCAT				10d. INSIDE CITY V LIMITS? 1 YES 2 NO
n. ansit permit.	ERAL	100. STREET AND NUMBER 6333 BOSTON	STREET		101	21213	3	UNITE	D STATES
5-0020 nding physician. Is the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	U.S. ARMED 2/ NO TES	If yes, spi	ENDENT OF HISPAI ecify Cuban, Maxica 2 (NO Specify	IIC ORIGIN? (Specify Yon, Puerto Rican, stc.)	es or No—	4. RACE — American Indian, Black, Whita, atc. Specify: BLACK
2121 al or atte for use a	PLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 12 TH	ATION Completed) College (1-4 or 5 +) C L ERK				GOODWI	IDUSTRY	
by the	E COMPL	17. FATHER'S NAME (First, Middle, Last) RAYFIELD BOO	ONE			18. MOTHER'S NA	ME (First, Middle, Malde	n Sumame)	00311(1
MA retain 5 sho notifi	TO B	198. INFORMANT'S NAME (Type/Print) AUDREY CARSO	N	196. MAILING AD		nd Number or Rural i	Ploute Number, City or To LTIMORE,	wn, State, Zip Co	
IMORE, Page 6 may be director, page		20 METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramov 4 Donation 5 Other (Specify)		PLACE AND DATE OF D	MEMORIA	AL GAR	DENS 1-11		K, MARYLAND
ALT death. tunes		* (ONDA	Care		WM. C		FH1101		RTH AVENUE
double state of th		23. PART I. Enter the diseases, or co- shock, or heart failure. Li- IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	st only one cause on ea	the deeth. Do not ch line.	enter the mod	de of dying, auc	h aa cerdiac or reep	piratory arrea	Approximata interval Between Onset and Death
be execute cian and co or to buria	ERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):						
the death certificate the attending physical Mental Hygiene principlary, or other tr	CERTI	reaulting in deeth) LAST	d						
AL KECOKUS, e law requires that the deal has been signed by the att Dept. of Health and Menta 23 shows any Injury.	MEDICAL	PART II. Other aignificent conditions	contributing to death bu	t not resulting in t	he underlying	ceuse given in		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	SICIAN: 1	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL	2	DEATH YES		UNCERTAIN	v 🗆		
SICIAN: The certificate he sta	PHYSIC		AOSPITAL: Properties 2 ER/Outpe				6 Other (Specify) 28d, DESCRIBE HOW	BUILDY COOK	250
ATTENDING PHYSICIAN: CTOR: After this certifica after death with the St.	BY PI	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	M 1 V	RK7 'ES 2 NO	200. DESCRIBE HOW	INJURY OCCUP	NED .
OH ATTEND CH ATTEND HECTOR: A strer of The 25 Is	ETEO	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY - building, atc. (Specif	— At home, farm, stree y)	et, factory, office	<u> </u>	28f. LOCATION (Street City or Town, State		Rural Route Number,
	COL	one) 2 MEDICALIXAM/ER:	AN: To the best of my knowle On the besis of examination						cause(a) and manner as stated.
DO THE POPULATION OF STREET OF STREE	TO BE	29b. SIGNAPHIE AND TITLE OF EMPIRED	ETMO	PHZ1C	191	29c. LICENSE NUN	GG	294. DATE S	6195 (Morren, Der Year)
		STOURN KR	AVE, MD	TH (ITEM 27) (Type, Pril	" EAS	TERN,	AVE, E	BAUTI	ncre mo
0		JAN 0 9 1995	THE TARREST						



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	TO THE HOSE OF A THE MONE PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUN MALIDITE OCH. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be on the formation or removal.	WENTERN THE MATERIAL OF IEM 23 shows any Injury or other trainmatic event the medical examinar much he notified at s
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	P	P 3	- 4

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAI		PARTMEN TIFICAT				MENTA				
	1. DECEDENT'S NAME (First	, Middle, Last)			OLITI	II IOAI	<u> </u>	DLA			REG. NO		- 7	2. TIME OF DEATH
	CHARLES A.	JC	HN Sr.							MONT		5 199	TEAR	7:31 A
	4. SOCIAL SECURITY NUMI	BER	5. SEX	8. AGE (In	yrs. last birtho	The second division in which the second	ER 1 YEAR	IF UNDER		T. DATE	OF BIRTH	2 400	a. BIRTER	LACE (State or Foreign
	218-14-743	7	1 M 2 F	93	YR	S. MONTHS	DAYB	HOURS	MIN.		n, Day: Near)	901	Country	ryland
	9a. FACILITY NAME (If not in				-	9b. CI	ry, town	OR LOCATI	ION OF DE				NTY OF DE	
DIRECTOR	Hart Herita	age N.	Н.			Fo	rest	Hil	1			Ha	arfor	d
H H	10a. STATE	10b. COUNT			10c.	. CITY, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
	Maryland		timore			Ro	seda	le						1 YES 2 NO
MI	100. STREET AND NUMBER						10	f. ZIP COD				10g. CIT	IZEN OF WI	AT COUNTRY?
FUNERAL	1505 Weybu	rn Rd.						2123	37			US	SA	
BY	11. MARITAL STATUS 1 Never Merried 2 3 State Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2XXND	13	If yes, a	ecify Cube	OF HISPAN an, Maxicar Specify	n, Puerto	N? (Specify Yea Rican, etc.)	or No—	14. RACE Black, Specify	American Indian, White, etc.
	15. DEC	EDENT'S EDU y highest grade	CATION	1	6a. DECEDER	NT'S USUAL	OCCUPATI	ON		168	. KIND OF BUS	SINESS/INI	DUSTRY	
4	Elementary/Secondary (College (1-4 or 5	+)		d of work don OT use retired.		ost of works	ng					
I de	12 yrs.		2 yrs.		Elect	ricia	n				Local	Unio	on	
COMPLETED	17. FATHER'S NAME (First, M	,						1			Middle, Malden	Sumame)		
BE	Andrew John	1							Mamie					
9	19a. INFORMANT'S NAME (1				19b. MAII	LING ADDRE	SS (Street	and Number	r or Runal A	loute Num	ber, City or Tow	n, State, Zij	Code)	
-	Charles A.		Jr.		442]	L Macw	orth	Pla	ce Ba	alto	., Md.	2123	36	
	20a. METHOD OF DISPOSIT	n 3 🗆 Rem	oval from State	cemete	ery cremetory	ATE OF DISPO	a)			DAT	E 20c. LO	CATION -	City or Tow	n, State
	4 Donation 5 Other			Oa	ak Law	vn Cem	eter	y 1	-9-19	995	Bal	timo	ce, Mo	d
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE						SS OF FAC		TNC			2
	1/02556	nt	unomi	Am	Tink						TIMORE,	MARYL	AND 212	236
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition reaulting in death)	eert feilure.	List Dnly one car	C' H	h line.					es cere	dlec or reepi	ratory sr	rest,	Approximate interval Between Onset and Daath
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): COVOYAMY MUCH DUE TO (OR AS A CONSEQUENCE OF): COVOYAMY MUCH DUE TO (OR AS A CONSEQUENCE OF): TOUR TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
	PART II. Other significa	nt condition	s contributing to	desth but	not resulti	ing in the u	ınderlyin	g cause	given in f	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS
EDICA										_	1 - YES 2	□ NO	1 8	COMPLETION OF CAUSE OF DEATH?
Σ													1	YES 2 NO
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BY	Z PECTORIN	Investigation	28a. PLACE O	F IN HIRY	At home, far			YES 2	J NO	204 1 00	ATION (O		- 0 - / 0	
9		Could not be determined	building,	atc. (Specify))	iii, stieet, is	ctory, orne				ATION (Street a or Town, State)	na Numbei	or Hurai Ho	ute Number,
91	29a. CERTIFIER	entre e			- 10									
COMPLETE	(Check only		CIAN: To the best of a											and manner as stated.
	29b. SIGNATURE AND TITLE								ENSE NUM					Month, Day, Year)
BE	De	11)	An n	10				7	395	380	7	▶ /	1-10	3 <
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH	H (ITEM 27) (Type, Print)		<i>y</i>	- 1 0	0		-/)/	7 3
				0 4	48									
	31. DATE FILED WOND DE	95 /	A STREET	AT SHOWAR	รีกับ เกล				=					



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BALTIMORE, MARYLAND 21215-0020

SION OF VITAL RECORDS, P.O. BOX 68760,

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Item # 1.6.10a 20b film # G 719 1-9-95 N.A. Per funeral home 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH AUGUSTA Maude KOCHER 4:30 January MA 95 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 78 79 213422814 1 .M 2 OCE YRS Maryland 10/15 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3136 Northway Drive 21234 USA 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WHO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puerto Rican, 1 YES 2 X NO Specify: 1 Never Married 2 Married BY Specify: White 3 V Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 11 Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Thomas Coleman Forrest BE Mary Alice Heiss 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Gordon W. Kocher 3136 Northway Drive Baltimore, Md. 21234 pe 20b. PLACE AND DATE OF DISPOSITION (Name of must b 20c. LOCATION — City or Town, State DATE y cremetory or other place Corp.
Hilltop Service Corp. 1/7/95 Towson, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc. 5305 Harford Road Garagon . Baltimore, Maryland 21214 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory street, shock, or heart fallure. List only one cause on each ilna interval Batween IMMEDIATE CAUSE (Final Onset and Death the disease or condition DUE TO (OR AS A CONSEQUENCE OF) event, resulting in death) 5 mins traumatic 20mis CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? 1 PES 2 NO 1 YES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item HOSPITAL: 1 YES 2 NO 5 Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Floute Number, City or Town, State) BECOMPLETED 8 Could not be determined item 28 is 4 Homicide 29a. CERTIFIER

(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. DISMATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Munum 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

5601 Lock Paven

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Hosp.

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BALTIMORE, MARYLAND 21215-0020	Cours after death. Physician: The law requires that the death certificate be executed with
O. BOX 68760,	ertificate be executed with
RECORDS, P.	requires that the death c
ISION OF VITAL RECORDS, P.O. BOX 68760,	TENDING PHYSICIAN: The law

RNDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.

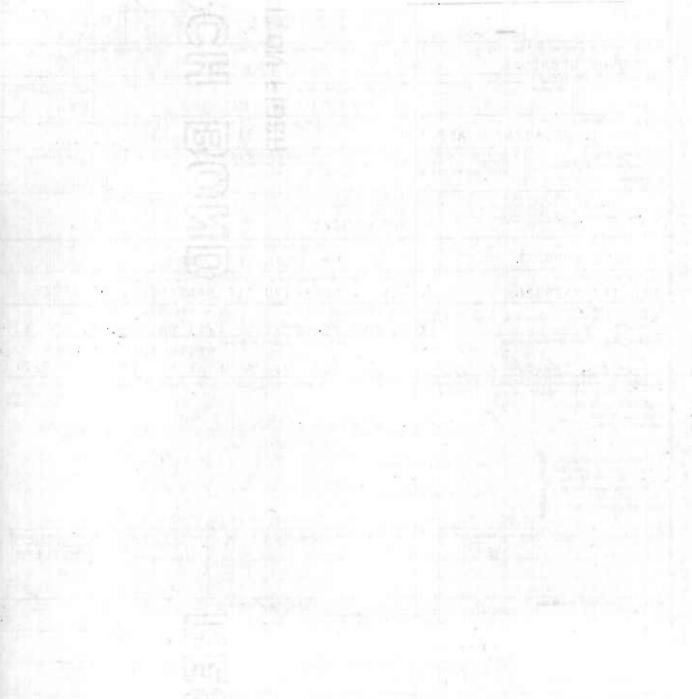
R: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should er death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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R ATE	STATE OF M	ARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
GISTRAD		CEDTIFICATE		

	* REGISTRAR		CENTIFIC	CATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	Lorraine	Lassiter		2. DATE OF DEATH MONTH DAY	YEAR GOOD
	7001100	- Creak			1/6/7	5 7 A M
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
	238-44-9331	1-QM 2 □ F	YRS.	NATION DATE HOURS MIN.	3/19/29	VA
	9a. FACILITY NAME (If not institution, give :	street and number)		B. CITY, TOWN OR LOCATION OF		DUNTY OF DEATH
Œ	CHURCH HOSPI	тат		Darmerican		
5	RESIDENCE OF DECEDENT	IAL		BALTIMORE	CITY	
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c, CITY.	TOWN OR LOCATION		104 BUSIDE CITY
E	MD			BALTIMORE CI	mv	10d. INSIDE CITY LIMITS?
				DALIIMURE CI	TI	XXYES 2 NO
Z.	100. STREET AND NUMBER			10f. ZIP CODE		ITIZEN OF WHAT COUNTRY?
Ш	201 N. BROAL	DWAY APT	12H	2123	1	U.S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Yes or No-	14. RACE — American Indian
	1 Never Married 2 X Married	FORCES? 1 YE		If yes, specify Cuban, Maxis	cen, Puerto Ricen, etc.)	Black, White, atc.
ВУ	3 Widowed 4 Divorced	IF TES, GIVE WAR OF	DATES	1 TYES 2 NO Spec	rty:	Specify: BLACK
0	15. OECEDENT'S EDU	CATION	16a, DECEDENT'S U	NILL COCUPATION		
1	(Specify only highest grade	completed)	(Give kind of wo	rk done during most of working	16b. KIND OF BUSINESS/	NDUSTRY
4	Elementary/Secondar (0-12)	College (1-4 or 5+)	life. Do NOT use	EWIFE		
M			11005	DWIFE		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Malden Surname)
BE (HOPKINS BURREI	L		LILLI	E TERRY	
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street and Number or Rura	I Boute Number City or Town State	Zin Code)
5	LILLIAN HARRIS	CON		. MONTFORD A		
	20s. METHOD OF DISPOSITION					
	1 1 Buriel 2 Cremetion 3 Rem		20b. PLACE AND DATE OF cemetery, crematory or other		DATE 20c. LOCATION	— City or Town, State
	4 Donation 5 Other (Specify)		BALTIMOR	E CEMETERY	1/11 BALT	MORE, MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND ADDRESS OF F	ACILITY	IDDAY HOVD
	150,000	0/1.			= '	IERAL HOME
	4 xulle	& cron	rarle	11129 N. CA	ROLINE ST, I	BALTO, MD21213
-54	23. PART Enter the diseases or shock, or heart fellure.	complications that cour	sed the deeth. Do no	t enter the mode of dying, su	ch ss cerdisc or respiratory	
	1//	rist only one cause or	i each iina.			interval Between
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	IMMÉDIATE CAUSE (Final disease or condition	0 E		1.1.1.2.5		Onset and Death
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	diseese or condition	8. REN DUE TO (OR A		ACLUNE.		
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ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	DUE TO (OR A. DUE TO	S A CONSEQUENCE OF: S A CONSEQUENCE OF: S A CONSEQUENCE OF: The but not resulting in A C C C C C C C C C C C C C C C C C C	28. PLACE OF DEATH (COTHER: Nursing Home 5 Residence OF 28c, INJURY AT WORK? 1 YES 2 NO eet, factory, office	PERFORMED? 1 YES 2 TNO check only one) 6 Other (Specify) 28d. DESCRIBE HOW INJURY (City or Town, State) to the cause(s) and manner as a	Y 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR A. DUE TO	S A CONSEQUENCE OF: S A CONSEQUENCE OF: S A CONSEQUENCE OF: The but not resulting in A C C C C C C C C C C C C C C C C C C	28. PLACE OF DEATH (COTHER: Nursing Home 5 Residence OF 28c, INJURY AT WORK? 1 YES 2 NO eet, factory, office	PERFORMED? 1 YES 2 TNO 1 Other (Specify) 26d. DESCRIBE HOW INJURY (City or Town, State) 1 to the cause(e) and manner as a let time, data and place, and due to	Y 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Panding Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIE	DUE TO (OR A. DUE TO	S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): In but not resulting in A C B S A CONSEQUENCE OF): The but not resulting in A C B S A CONSEQUENCE OF): S	28. PLACE OF DEATH (CONTINUED TO THER: Nursing Home 5 Residence Residen	PERFORMED? 1 YES 2 TNO 1 Other (Specify) 26d. DESCRIBE HOW INJURY (City or Town, State) 1 to the cause(e) and manner as a let time, data and place, and due to	Y 24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO DOCCURED DOOR OF Rural Route Number, stated. the cause(s) end manner as stated.
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR A. DUE TO	S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): In but not resulting in A C B S A CONSEQUENCE OF): The but not resulting in A C B S A CONSEQUENCE OF): S	28. PLACE OF DEATH (CONTINUED TO THER: Nursing Home 5 Residence Residen	PERFORMED? 1 YES 2 TNO 1 Other (Specify) 26d. DESCRIBE HOW INJURY (City or Town, State) 1 to the cause(e) and manner as a let time, data and place, and due to	Y 24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO DOCCURED DOOR OF Rural Route Number, stated. the cause(s) end manner as stated.
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Panding Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIE	DUE TO (OR A. DUE TO	S A CONSEQUENCE OF): S A CONSEQUENCE OF):	28. PLACE OF DEATH (CONTINUED TO THER: Nursing Home 5 Residence Residen	PERFORMED? 1 YES 2 TNO 1 Other (Specify) 26d. DESCRIBE HOW INJURY (City or Town, State) 1 to the cause(e) and manner as a let time, data and place, and due to	Y 24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO DOCCURED DOOR OF Rural Route Number, stated. the cause(s) end manner as stated.
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P. .



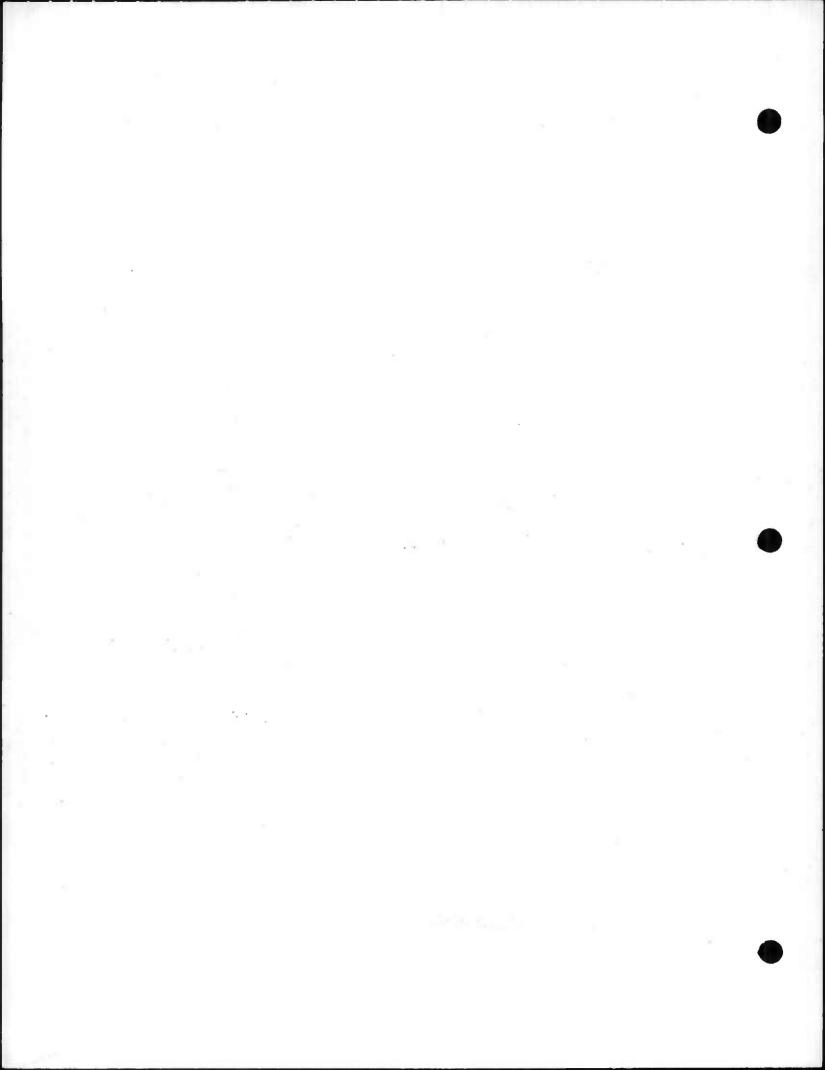


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT		L HYGIENE
CERTIFICAT	TE OF DEATH	REG. NO.

		1 - STATE REGISTRAR	STATE OF MARYL	ND / DEPA	RTMENT OF	HEALTH AND F DEATH	MENTA	L HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE	E OF DEATH	MY	RABY	3. TIME OF DEATH
			rence							995	12;43 A.m
		4. SOCIAL SECURITY NUMBER		yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIFTH		8. BIRTH Countr	IPLACE (State or Foreign
9		212-05-1123		4 YRS.			Nov	ember		910	Maryland
3 should	Œ	9e. FACILITY NAME (If not institution, give a				OR LOCATION OF D			9c. COUN	TY OF D	EATN
1, 2,	DIRECTO	Lorien Nursing Ho	ome		<u> Balti</u>	<u>nore , Ci</u>	ty				
Sec	E S	10a. STATE 10b. COUNTY	1	10c, Cl	TY, TOWN OR LOC	ATION					10d. INSIDE CITY
ξ. 72		Maryland		В	altimor	e , Vity					LIMITS?
bunal-transit permit. Pages	3AL	10e. STREET AND NUMBER				OI. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
ransıt	NER		Ave.			21206			U.	S.A.	
nuai-t	FUN	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ECENDENT OF HISPA			7	14. RACE	— American Indian,
E .	BY	3 Widowed 4 Divorced	IF YES, OIVE WAR OR DA			S 2 NO Specif		, , , , , , , , ,		Speci	ly:
S	ED	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCUPA	TION	161	. KIND OF BU	SINESS (IND.)		White
asn Jou		(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT L	work done during i	nost of working	100	a. Kind of 80	SINESSANDO	SINI	
	OMPLET	88		Opera	tor			Teleph	one	Co.	
oetached Once.	ő	17. FATNER'S NAME (First, Middle, Lest)		00010		16. MOTHER'S NA	AME (First,			UU.	
d at	E (Walter Korvto				Marv	War	vasz			
notified at	0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	ADDRESS (Stree	and Number or Rural			m, State, Zip (Code)	
be no	-	Mrs. Patricia M.	Indelicato	4315	Vassar	Ave. Be	thle	hem	Pa. 1	801	7
must b		20g. METHOD OF DISPOSITION 1 DABuriel 2 Cremetion 3 Remo			OF DISPOSITION (DAT		CATION - C	-	
		4 Donation 5 Other (Specify)		y Rosar		ery 1/7/					Maryland
examiner		Leonard J. Ruck Funeral Home, Inc.									
val.		Monely C. Ser	lafer fr.		Bal	timore .	Mary	land 2	1214		
on, or removal. he medical examiner must be		23. PART i. Enter the diseases, or c shock, or heart fellure.	omplications that coused list only one couse on ea	the death. Do	not enter the m	ode of dying, suc	h aa can	diac or reap	iratory arre	nt,	Approximate
tion, or		IMMEDIATE CAUSE (Final									Onset and Death
omatic		disease or condition reaulting in death)		SCVD							
to burial, cremation, imatic event, the			DUE TO (OR AS A	CONSEQUENCE C	PF):						
rior to buris	ERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF):								
हें हैं।	AT	if any, leading to immediate cause. Enter UNDERLYING	302 10 (011 N3 X 1	DON'SEOUENCE C	τ).						i
glene p	띮	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEDUENCE O	PF):				_		
f 5	ᇤ	resulting in death) LAST	i.								
d Mental Hygiene p injury, or other	0	PART II. Other aignificent conditions	Contribution to death to	t not receive	In the control of		D		0.00200	1	
and in	SAL	outer arguinteent conditions	- countriening to death bu	c not resulting	in the underlyl	ng cauae given in	Part I.	24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
lealth ar	MEDIC						—	1 TES 2	□ NO		DF DEATH?
shows	Σ	DID TOBACCO USE CONTR	DIDLITE TO CALLER OF	DEATH	1 D NO 1	T IINIGERTAN					1 YES 2 NO
23 Pep	ICIAN:	25. WAS CASE REFERRED TO MEDICAL			TN (Check only on		иЦ				
State	N N	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpar		OTHER:						
E Z	7	W. MANNER OF DEATH	28a. DATE OF INJURY	28b. T/N	IE OF 28c. If	me 5 🗆 Residence		SCRIBE HOW I	NJURY OCCU	RED	
th wit	5	1 Natural 5 Pending	(Month, Day, Year)		JURY W	YES 2 NO					1
death	B	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY -	- At home, farm,			28f. LOC	ATION (Street	and Number o	Rural A	oute Number,
hours after		4 Homicide determined	building, etc. (Specif	7)			City	or Town, State)			
Hem Item	MPLET	29e. CERTIFIER (Check only	CIAN: To the best of my knowle	dge, death occurr	ed at the time, dar	e end place, end due	to the car	rae(e) and mar	mer en state		
N 9-	MO		R: On the basis of examination								end menner as stated.
RTAN	E CO	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI					(Morjth, Day, Year)
be filed within 7	ω	2).	Menons	September Designation and		E	1048	0	DATE:	16	195
۵ =	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type	, Print)		/		-	//	
	ļ	George Lowe M D	5810° Re Mi	• Rd	21206						- 1
		George Lowe M. D. 31. DATE FILED (Mpm 904995	WAS ALLEST HATS SIGNA	UŘE	1600						
	1	JAN 0 0 1000	1								



BALTIMORE, MARYLAND 21215-0020	And the manifest that the death certificate be executed within any hours after death. Page 6 may be retained by the hospital or attending physician.	An area of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be betached for use as the burial-transit permit. Pages 1, 2, 3 should be burial and Mental Hygiene prior to burial, cremation, or removal.	
OCCUPATA RECORDS, P.O. BOX 68760	In the majories that the death certificate be executed within-	is commendations been signed by the attending physician and completely filled in by the further than the formal of	

DIVISION
TO THE HOSPITAL OR ATTENDED TO THE FUNERAL DIRECTORS. Annuabe filed within 72 hours after quarin IMPORTANT. If 180m 28 1s. man

JAN 0.9 1995

								JO	0024/
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEP	ARTMEN	T OF HEALTH AND		YGIENE		
	1. DECEDENT'S NAME (First, Middle, Last)		02.11.1		L OI DEATH	2. DATE OF			3. TIME OF DEATH
	KENNETH Lamar	LOUDERMI	l K			MONTH	DAY		YEAR O. O.F.
			(in yrs. last birthde	y) IF UNDE	R 1 YEAR IF UNDER 24 HRS.	JANUA 7. PATE OF			I. BIRTHPLACE (State or Foreign
	217–56–5416	1 🗶 M 2 🗆 F	44 YRS				79:	50 L	Country) Maryland
	9a. FACILITY NAME (If not institution, give stree				Y, TOWN OR LOCATION OF				Y OF DEATH
DIRECTOR	THE JOHNS HOPKINS	HOSPITAL		BA	LTIMORE CITY				
<u> </u>	10a. STATE 10b. COUNTY		10c.	OTY, TOWN	OR LOCATION		_	-	10d, INSIDE CITY
	Maryland		_ 4	G. Cer	nt ral Avenu e	Baltin	ore		10d. INSIDE CITY LIMITS? 1 YES 2 NO
\¥	100. STREET AND NUMBER 135 S. Central Aven				10f. ZIP CODE				EN OF WHAT COUNTRY?
FUNERAL					21202				ed States
E	1 Never Married 2 Married	2. WAS DECEDENT EVER I FORCES? 1 YES	2 XNO	13.	. WAS DECENDENT OF HISP. If yes, specify Cuban, Maxi-	NIC ORIGIN? (S an, Puerto Rice	pecify Yes o	r No — 1	4. RACE — American Indian, Black, White, etc.
ğ	3 Wildowed 4- Olvorced	IF YES, GIVE WAR OR D	ATES		1 TES 2 NO Spec	lfy.			Specify: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor		16a. DECEOEN (Give kind	of work done	during most of working	16b. KIN	D OF BUSI	IESS/INDU	STRY
Ä		College (1-4 or 5+)	Iffe. Do NO	use retired.)					
M M	17. FATHER'S NAME (First, Middle, Lest)		110	ALICL	100000000000000000000000000000000000000				
ECC	J.D. Loudermild				18. MOTHER'S N Beatr	ice Co.	e, Maiden St .eman	irname)	
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	NO ADDRES	SS (Street and Number or Rura	Route Number (ity or Town	Stete Zin C	(ode)
2	Joyce Ruddlesden		181	1 Sny	yder Avenue	Dunda	ík, ľ	1D 21	222
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		PLACE ALDRA	n Cem	sition letery 1-7-	DATE			ty or Town, State e, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	1	22. T	NAME AND ADDRESS OF F	ACILITY er Inc	Fin	neral	Homes
	· Algabeth	Delen	ski		1901 Eastern				
	23. PART I. Enter the diseasee, or con ahock, or haert failure. Lie	npilcationa that ceuse	d the death. D						nt, Approximate
	IMMEDIATE CAUSE (Finsi	0							Interval Between Onset and Death
	disesse or condition reaulting in death) s	· Kenal	Lailur	ع					2 days
		OUE TO (OR AS	CONSEQUENCE	OF):					2 days 2 days 2 days
CERTIFICATION	Sequentially list conditions, b.\	DUE TO (OR AS A	A CONSEQUENCE	OF):					2 days
Ŋ.	if sny, leading to immediata cause. Enter UNDERLYING	Husperkal	2000						20-
Ĕ	CAUSE (Disease or injury thet initieted events	DUE TO (OR AS	CONSEQUENCE	OF):					adoug
E	resulting in death) LAST	Acidoso							200
_	PART II. Other significent conditions of	contribution to don't b		- 1- 41-					1
MEDICAL	TATT II. Other significant conditions of	onthouting to death b	out not reaultin	g in the ui	ndarlying ceuse given is	Part I. 24	PERFORM		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Ö						1	YES 2	NO	OF DEATH?
	DID TOPACCO LIST CONTRIB	NITE TO CALICE C	E DEATH	/FC 🗖	110 5				1 TYES 2 THO
	DID TOBACCO USE CONTRIB		26. PLACE OF D			иПТ			LH.
AN	25. WAS CASE REFERRED TO MEDICAL			OTHE	R:		van.		
SICIAN:		IOSPITAL:	netlant 2 DOM	I 4 LI NUI	raing Home 5 - Rasidence	6 □ Other (Sp	ecify)		
HYSICIAN:	EXAMINER?	Inpetient 2 ER/Outs	28b. 1	IME OF	28c. INJURY AT	28d. DEŞCRII	BE HOW INJ	URY OCCU	REO
Y PHYSICIAN:	EXAMINER? 1	Inpetient 2 - ER/Outp	28b. 1		28c. INJURY AT WORK? 1 YES 2 NO		BE HOW INJ	URY OCCU	REO
B	EXAMINER? 1 VES 2 NO 1 27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	28b. 1	IME OF NJURY M	WORK? 1 YES 2 NO	28d. DESCRIE	N (Street and		REO Rural Route Number,
B	EXAMINER? 1 VES 2 NO 1 27. MANNER OF CEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. 1	IME OF NJURY M	WORK? 1 YES 2 NO	28d. DEŞCRII	N (Street and		
B	EXAMINER? 1 YES 2 NO 1 27. MANNER FO CATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIA	28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, atc. (Specials)	— At home, farm	IME OF NJURY M n, street, fac	WORK? 1 VES 2 NO tory, office	28f. LOCATIO City or To	N (Street and wn, State)	Number or	Rural Route Number,
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E COMPLETED BY	EXAMINER? 1 YES 2 NO 1 27. MANNER FO CATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIA	28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, atc. (Specials)	— At home, farm	IME OF NJURY M n, street, fac	WORK? 1 VES 2 NO Notory, office Time, data and placa, and du opinion, death occured at th 29c. LICENSE NU	28f. LOCATIO City or To a to the cause(s a time, data and	N (Street and wn, State) and manne place, and (I Number or	Rural Route Number,
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 1. MANNER OF CEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF (NJURY building, atc. (Special S	—At home, fare	IME OF NJURY M n, street, fact pried at the t	WORK? 1 YES 2 NO ttory, office time, data and placa, and du opinion, death occured at the	28f. LOCATIO City or To a to the cause(s a time, data and	N (Street and wn, State) and manne place, and (I Number or	Rural Route Number,:ause(s) and manner as stated,
E COMPLETED BY	EXAMINER? 1 YES 2 NO 1 MANNER OF CEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0 30. NAME AND ADDRESS PRISON WHO C	28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, atc. (Special S	28b. 1 —At home, fare city) ledge, dasth occur n and/or investigs	IME OF NJURY M In, street, factorized at the total in my of the pe, Print)	WORK? 1 VES 2 NO ttory, office time, data and place, and du opinion, death occured at th 29c. LICENSE NU	28d. DESCRII 28f. LOCATIO City or To a to the cause(s p time, data and	N (Street and wn, State) and manne place, and c	or as stated due to the co	Rural Route Number,:ause(s) and manner as stated,
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 1. MANNER OF CEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, atc. (Special S	28b. 1 —At home, fare city) ledge, dasth occur n and/or investigs	IME OF NJURY M In, street, factorized at the total in my of the pe, Print)	WORK? 1 VES 2 NO Notory, office Time, data and placa, and du opinion, death occured at th 29c. LICENSE NU	28d. DESCRII 28f. LOCATIO City or To a to the cause(s p time, data and	N (Street and wn, State) and manne place, and c	or as stated due to the co	Rural Route Number,:ause(s) and manner as stated,

OHMH-18 Rev 1/89

3. TIME OF DEATH

1:45

8. BIRTHPLACE (State or Foreign

Maryland

5. SEX

1**XX** M 2 □ F

Anthony

6. AGE (In yrs. lest birthday)

69

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LIPINSKI

Lipinski

DAYS

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

Joseph

YRS.

FOR

1 - STATE REGISTRAR

Anthony

4. SOCIAL SECURITY NUMBER

212-20-9919

1. DECEOENT'S NAME (First, Middle, Last)

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	B
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The second secon
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08/02/1925 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Franklin Square Hospital Rossville 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore Dundalk permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE as the burial-transit 106 Wells 106 Wests Avenue Avenue 21222 Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? t YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Not Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, atc.) IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify B 3√ Widowed 4 □ Divorced ETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) use (Specify only high ğ Elementary/Secondary (0-12) College (1-4 or 5+) COMPL funeral director, page 5 should be detached 8 Years Groundskeeper once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Harry Lipinski notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Steve A. Kolb 106 Wells Avenue pe 200 METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must 4 Donation 5 Other (Specify) of Jesus 01/07/95 examiner 22. NAME AND AODRESS OF FACILITY DA KUC by the 7922 Wise Ave. removal. after medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Pours shock, or heart failure. List only one cause on each line and completely filled in burial, cremation, or re IMMEDIATE CAUSE (Final the 57 disease or condition resulting in death) . Cerebrovascular lacunar infarct event. DUE TO (OR AS A CONSEQUENCE OF): Hypertension traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediate physician prior cause. Enter UNDERLYING CAUSE (Disease or Injury y the attending physical of Mental Hygiene (DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL signed by the Hyperlipidemia any shows a has been Dept. of I DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: State rertificate **EXAMINER?** 1 TES 2 H NO OTHER. Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Raaldence 8 ☐ Other (Specify) the 0 27. MANNER OF DEATH 28a. OATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 報報 1 🔀 Natural 5 Pending 1 YES 2 NO ВҰ Investigation Ather 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide .00 8 Could not be determined COMPLETED DIRECTOR ŧ 4 Homicide 28 hours 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Brocksma Rodney D43636 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Rodney Brooks M.D.

Baltimore

a M

10d. INSIDE CITY 1 YES 2 NO

tog. CITIZEN OF WHAT COUNTRY?

United States t4. RACE — American Indian, Black, White, atc. Specify:

White

16b, KIND OF BUSINESS/INDUSTRY

Maintenance Catherine

Catheirine (Unknown)

2. DATE OF OEATH

January

7. DATE OF BIRTH

05

1995

9c. COUNTY OF DEATH

Dundalk, Maryland 21222

20c. LOCATION - City or Town, State

Dundalk, MD

Duda-Ruck Funeral Home of Dundalk, Inc.

Dundalk, Maryland **Approximate** interval Between

Onset and Death 2 months

2 months

24a. WAS AN AUTOPSY 1 | YES 205-10

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

28d. DESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d, DATE SIGNEO (Month, Day, Year) January 5, 1995

9000 Franklin Square Drive Baltimore Maryland 21237

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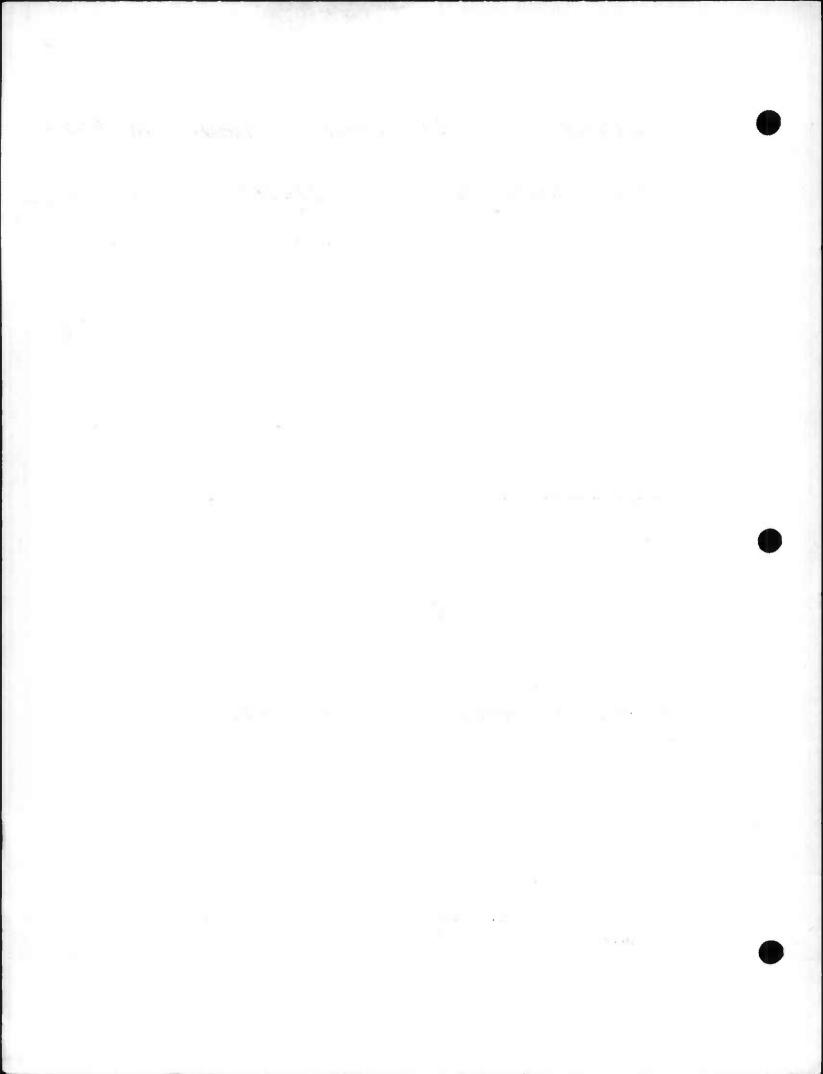
L 32, REGISTRAR'S SIGNATURE

31, DATE FILED (Month, Day, Year) JAN 0 9 100

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		1 - FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH		ITAL HYGIEN	_				
		1. DECEDENT'S NAME (First, Middle, Last)	Pauline	LAWA	RENC	?E		DATE OF DEATH ON THE OWNER Y	3 19	YEAR 3.	7:16 A M		
		004 30 0505	5. SEX 6. AGE	(In yrs. last birthday) 76 YRS.	IF UNDER 1 YE MONTHS DA		24 HRS. 7. D	ATE OF BIRTH		S. BIRTHPL	ACE (State or Foreign Vest Virg		
Dhysician. Durial-transit permit. Pages 1, 2, 3 should	E	9a. FACILITY NAME (If not institution, give street)		PITAL	9b. CITY, TO	WN OR LOCATIO				TY OF DEAT	TH		
s 1, 2,	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	LHIV (CD)			(4/1/	101	<u> </u>	IKII	VIE	GEORGES		
it. Page											d. INSIDE CITY LIMITS? YES 2 NO		
sit perm	RAL	100. STREET AND NUMBER General Deliver	12	-	30		10g. CITIZEN OF WHAT CO						
physician. burial-tran	FUNERAL		12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS		HISPANIC OF	RIGIN? (Specify Yearto Rican, etc.)		14. RACE -	American Indian,		
attending pl	ED BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D		10	YES X(X)NO	Specify:			Bľa	ck		
lor u	LETE	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted) College (1-4 or 5+)	IIIa. Do NOT u	work done durin se retired.)	PATION g most of working	7	16b, KIND OF BU	SINESS/INDU	ISTRY			
the hospital detached for once.	COMPLET	12th grade 17. FATHER'S NAME (First, Middle, Lest)		Homem	aker	IA. MOTH	FR'S NAME /F	Home	Sumamal				
# 8 &	BEC	George Dixon				An	nerica	a Unkno	own				
be retained to ge 5 should e notified	5	19a. NFORMANT'S NAME (Type/Print) Delores Randall	L					Number, City or Tow amp Spi			. 20748		
death. Page 6 may be funeral director, page traminer must be		20a. METHOD OF DISPOSITION 1 □ Burlet 2 □ Cremetion 3 □ Berroy 4 □ Donation 5 🗶 Other (Specify) 上 1 1	al from State	Restia	OF DISPOSITIO	N (Name of	Tan		CATION — C	City or Town,	, State		
death. Page tuneral dire I.		21. SIGNATURE OF FUNERAL SERVICE DICEN		Reserva	_						,West Vi		
- 97		Jullen	21. SIGNATURE OF FUNERAL SERVICE OCCURSEE 22. NAME AND ADDRESS OF FACILITY IVES—Pearson Funeral Homes Arlington, Va. 22201 23. PART/L Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate										
filled in by the on, or remove		shock, or heart failure. Lie	et only one ceuse on e	ach line.			ng, such aa	cardiec or reap	iratory arre	ot.	Approximate interval Between Onset and Death		
ted within 24 completely fille ial, cremation, event, the		disease or condition resulting in deeth)		CONSEQUENCE O	n.			~			30mins		
e be executed sician and cominion to burial, traumatic evi	NO	Sequantielly list conditions, b.	m	LO GAL	Sial	Isch.	heme	à			6mos		
	CATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		conor	vary	Athe	nosel	eresis			20 yrs.		
th certification of other	ERTIFI	that initieted evants resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF): d. SEM 5 (.S								72hs		
at the death by the atter and Mental y Injury, o	AL C	PART ii. Other aignificant conditions	contributing to deeth t	out not resulting	In the under	lying ceuse gi	iven in Part	i. 24a. WAS AN			ERE AUTOPSY FINDINGS		
5 8 E 8	Ď.	Jurily Depen	dont Din	hetes M	- EC	WAS HE	megar			co	AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?		
e law requires has been sign Dept. of Heal	AN: M	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF	DEATH	YES [NO X	ם		1 1	YES 2 NO		
e se d	PHYSICIA		HOSPITAL:	petient 3 DOA	OTHER:	6. PLACE OF DE.		,					
A signal with the signal with		27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c	INJURY AT WORK?	28d.	DESCRIBE HOW	NJURY OCC	JRED			
R. After The death B is man	ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	' — At home, ferm,				LOCATION (Street of City or Town, State)		or Rural Rout	n Number,		
2			AN: To the best of my know	riedge, death occurr	ed at the time.	date and place.	and due to the	a cause(a) and ma	nner es etete	d			
	COMPLET	2 MEDICAL EXAMINER:	On the basis of exemination	n and/or Investigation	n, in my opink	on, deeth occure	d at the time,	data and place, ar	nd due to the	cause(a) an	id menner as stated.		
TO THE HISPI TO THE FLUER De filed with	96	296. SIGNATURE AND TITLE OF CERTIFIER	1,1200	n MI)	D'	SE NUMBER	3	b /-	2-6	onth, Day, Year)		
2	5	30. NAME AND ADDRESS OF PERSON WHO O	COMPLETED CAUSE OF DE	61880X0	Print)	1 Rds 1	Oxon	14. U, M	d- 2	0745	_		
		31. DATE FILED (Month, Day, Year) / -JAN- 0 9 1995											



DING PROSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 ON OF VITAL RECORDS, P.O. BOX 68760

An alter that cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. My ten 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORT TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR					-	.TE 05			
tem	#1	film	#	g	719	1-9-95	N.A.	Per	funeral	hOme

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENI	E			
1. DECEDENT'S NAME (First, Middle, Last) MILTON	- 	AY Milt	on Maye	JANUARY 500	1995 ^{YEAR}	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 244–16–7141	5. SEX 6. AGE 1 ★ X M 2 ☐ F		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	NPLACE (State or Foreign ry)			
9a. FACILITY NAME (If not institution, give the second sec	HASE STREET	96	BALTIMORE		9c. COUNTY OF DEATH			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v	I so out to	OWN OR LOCATION		.,,			
MARYLAND 100. STREET AND NUMBER	n/a	10c. CITY, 10	BALTIMORE		10d. INSIDE CITY LIMITS? YES 2			
1614 E. Chase St	reet		10f. ZIP CODE 21213		109. CITIZEN OF WHAT COUNTRY? UNITED STATES			
11. MARITAL STATUS 1 V Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF NISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	can, Puerto Rican, etc.)	cify Yes or No. 14. RACE — American Indian.			
15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DECEDENT'S USL	JAL OCCUPATION	16b, KIND OF BUS	INESS/INDUSTRY	DLACK		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	Acti					
6th 17. FATNER'S NAME (First, Middle, Last)	N/A	Paint Mal		Plastic	& Chemi	cal Co.		
Ben Mave				eth Kilpatr				
19e, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rural					
Rev. Doreatha Ber			ce Street/Gree					
1 Donation 5 Other (Specify)	cen	PLACE AND DATE OF D netery, crematory or other	place)		ATION - City of To			
21. SIGNATURE OF FUNERAL SERVICE LIC		lyden Ceme	22. NAME AND ADDRESS OF FA		en, N. Ca	rolina		
- Ulneon	GAR		WM. C. MARCH		E. NORTH	AVENUE		
23. PART I. Entar the diseases, or shock, or heart fellure.	complicatione that ceuse List only one cause on e	the death. Do not a ach line.	anter the mode of dying, suc	ch as cardiac or reepin	atory arrest,	Approximate interval Between		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	. RESPIR	ATORY	FAILUR	E		Onset and Death		
Sequentially list conditions,	b. DUE TO (OR AS A	CONSEQUENCE						
If any, leading to immediate cause. Enter UNDERLYING	DOE NO (OR AS A	CONSEQUENCE OF):				i i		
CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):						
resulting in deeth) LAST	d		·					
PART II. Other significent condition	as contributing to death b	ut not resulting in th	ne underlying cause given in	Part I. 24s. WAS AN A PERFORM		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
				1 🗆 YES 2	□ NO	OF DEATH?		
DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YES	□ NO □ UNCERTAI	 		1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C	theck only one)					
1 YES 2 NO	1 - Inpetient 2 - ER/Outs	ationt 3 DOA 4	HER: Nursing Nome 6 - Residence	6 Other (Specify)				
T Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE NOW IN	JURY OCCURED			
2 Accident Investigation 3 Suicide S Could not be	26a. PLACE OF INJURY	— At home, ferm, street		281. LOCATION (Street an	nd Number or Rural F	loute Number,		
4 Homicide determined	building, atc. (Spec	eny)		City or Town, Stete)				
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of my know	ledge, death occurred at	the time, date and place, and due my opinion, death occured at the	to the cause(s) and menn	er as stated.	and manner as stated		
296. SIGNATURE AND TITLE OF CONTIFIER		MD	29c. LICENSE NU			(Moghn, Day, Year)		
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print	BAZTIHON	(E, H.D				
31. DATE FILEO (Month, Day, Year) JAN 0 9 1995	32. REGISTRAR'S SIGN							

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MARYLAND	
BALTIMORE,	
3760.	

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

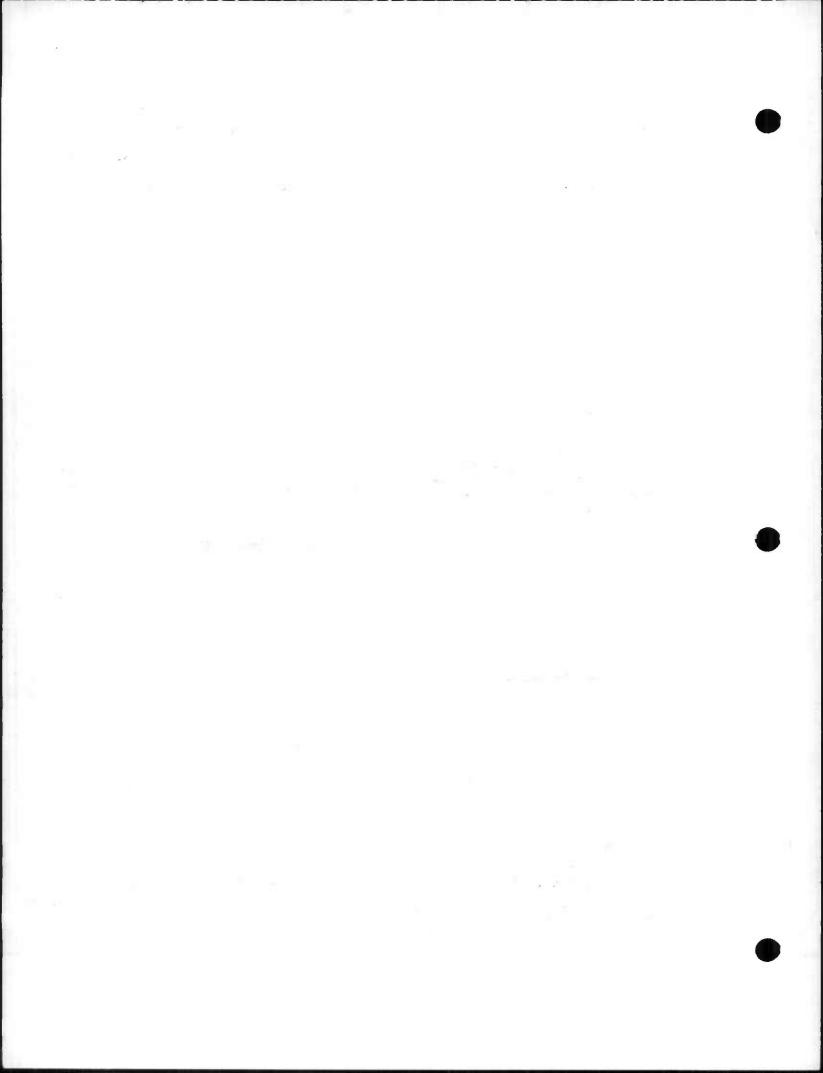
within 24 hours after death. Page 6 may be retained by the hospital or attending physician pipietely filled in by the funeral director, page 5 should be detached for use as the burial-trancremation, or removal.
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132. RESISTANTS SIGNITURE
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permit. Pages 1, 2, 3 should

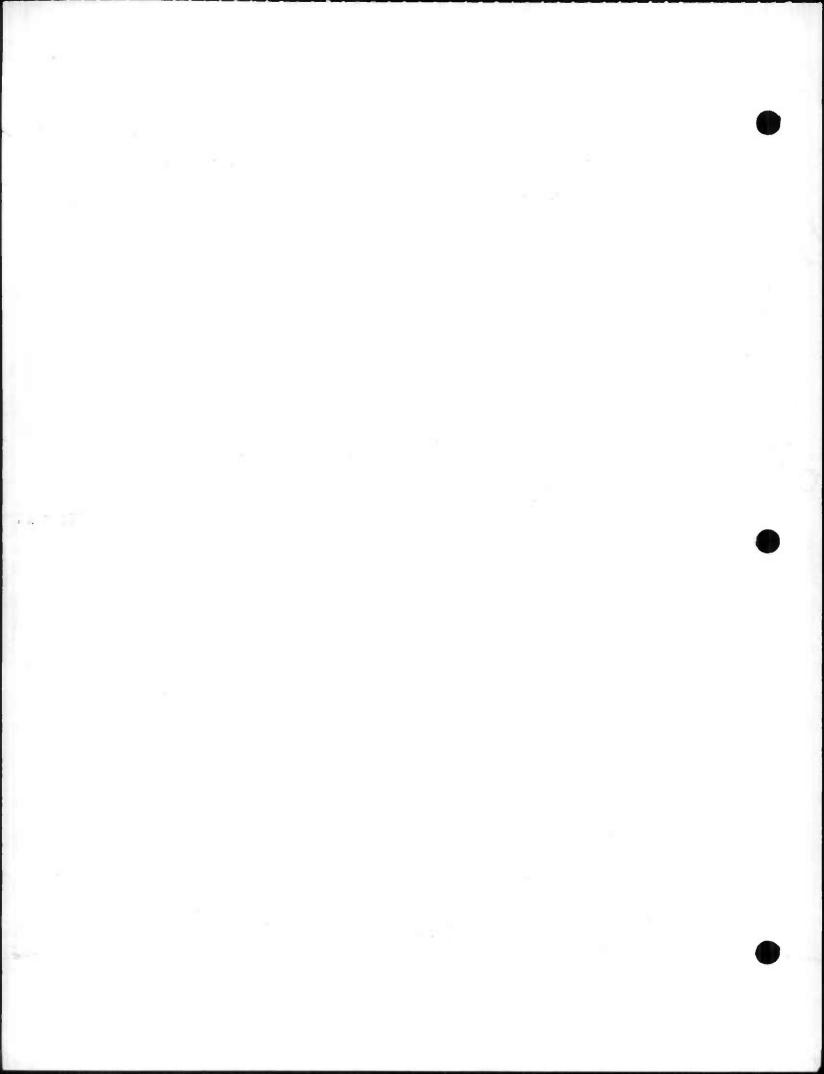
							20	UU	201	
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		TMENT OF I		MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	ALFRED THOM	1AS	WILLIN		2. DATE OF DEATH 1	y 4 – 9	5 _{EAR} 3.	TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER 219 90 8608	5. SEX 8. AGE (In yrs. le	est birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH /Month. Pay. Year) 7 - 2 1 - 19 3	9	8. BIRTNPLACE (State or Foreign Country) England		
_	9e. FACILITY NAME (If not institution, give s	•	'			ATN	9c. COU	INTY OF OEATN		
DT.	719 Boundry A	venue		Silv	er Spri	ng	Mo	ntgomery		
DIRECTOR	10e. STATE 10b. COUNTY	ntgomery		y, town on local					Dd. INSIDE CITY LIMITS? YES 2 NO	
	10e. STREET AND NUMBER				1. ZIP CODE		10g. CIT		AT COUNTRY?	
FUNERAL	719 Boundry A	AVENUE 12. WAS DECEDENT EVER IN U.S. A	BMED	13 WAS OF		0910	as Ma	14 0405	And the state of the	
BY FL	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 HE YES, GIVE WAR OR DATES		If yea, sp	ecify Cuben, Mexica 2 NO Specifi	n, Puerto Ricen, etc.)	or No	Black, W Specify:	American Indian, white, etc. White	
ED	15. DECEDENT'S EDUC (Specify only highest grade		ECEDENT'S	USUAL OCCUPATI	ON pet of working	16b. KIND OF BUS	INESS/INC	DUSTRY		
COMPLET	Elementary/Secondery (0-12)	College (1-4 or 5 +)	e. Do NOT us	se retired.)	ot or working	Dishw	ash	er		
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Melden :	Surname)			
TO BE	19e. INFORMANT'S NAME (Type/Print)	1!	96. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Town	, State, Zip	Code)		
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remark 4 Donation 5 Other (Specify) 1	oval from State cemetery cr	remetory or of	OF DISPOSITION (Nather place)	ame of	DATE 20c. LOC	CATION —	City or Town,	, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Sensee Ronald Wad	e,Di		ND ADDRESS OF FA	ore St, B	Ana alto	tomy	Board 21201	
	23. PART i. Enter the diseases, or o	complications that caused the d	eath. Do n						Approximate	
	IMMEDIATE CAUSE (Final	List only one cause on each lin	е.						Interval Between Onset and Desth	
	disease or condition resulting in death)	DUE TO (OR AS A CONSE		Javal	- 4	part	Ne	Sounds		
z		bot 10 (on as a const	OUENCE OF	r).						
ERTIFICATION	Sequentially list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):									
FIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events									
	resulting in death) LAST	d								
C	PART II. Other significant condition	a contributing to death but not	resulting l	n the underlyin	g cause given in	Part I. 24a, WAS AN	UTOPSY	24b. WE	ERE AUTOPSY FINDINGS	
MEDICAL	212	2012				PERFORI	. /	CC	AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
	DID TOBACCO USE CONTR	RIBUTE TO CAUSE OF DEA	ATH YE	S 🗍 NO F	UNCERTAIL			1	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			H (Check only one)	J OTTOLINA					
YSI	YES 2 NO	1 Inpetient 2 ER/Outpetient				6 Other (Specify)				
ву рн	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	26a. OATE OF INJURY (Month, Day, Year)	26b. TIMI	URY WO	URY AT DRK? YES 2 NO	28d. OEȘCRIBE NOW INJURY OCCURED				
8	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, ferm, s	treet, fectory, offic		281. LOCATION (Street of City or Town, State)	nd Number	or Rural Rout	e Number,	
COMPLET		CIAN: To the best of my knowledge, d							nd menner ee stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM				onth, Day, Year)	
TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES OF REATH AND	C	Brintl	200	40	▶ 2	Dan	4 95	
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DIVISION OF VITAL BECOM

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC	MENT OF HEA	ALTH AND MI	ENTAL HYGIEN				
	DECEDENT'S NAME (First, Middle, Last) A. SOCIAL SECURITY NUMBER	Nilles				Jan c	5 9	YEAR	D455 A N	
	9a. FACILITY NAME (If not institution, give stre	1 XM 2 G F 44 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Co							ACE (State or Foreign H)	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									
	Md	Hd			Ba 140				d. INSIDE CITY LIMITS? XES 2 \(\text{NO} \)	
FUNERAL	52/3 Norw		2/207			OF WHA	S A			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S FORCES? 1 VES 2 IF VES, GIVE WAR OR DATES!			DENT OF HISPANIC by Cuban, Maxican, NO Specify:	ORIGIN? (Specify Ye Puerto Rican, etc.)	e or No	14. RACE — Black, W Specify:	American Indian, Thita, aic.	
APLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		ISa. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of	of working	16b. KIND OF BU	SINESS/INDU	STRY		
BE COMPL	17. FATHER'S NAME (First, Middle, Last)	Liller			Doroth	(First, Middle, Malder	es			
TO BI	Mary T. Mary	shall	196. MAILING AD	OFW	Number or Aurel Aou	ne Number, City or Tov Bo	vn. State, Zip (id 2	1207	
	20a. METHOD OF DISPOSITION 1 Department of		CONTROL OF OR		Park	1995 Page 0	unda	Ms to	wn, nd	
	21. HIGHATURE OF FUNERAL SERVICE LICENSEE THE HIGHATURE OF FUNERAL SERVICE LICENSEE TO AND ADDRESS OF FACILITY: THE HIGHATURE OF FUNERAL SERVICE LICENSEE TO AND ADDRESS OF FACILITY: THE HIGHATURE OF FUNERAL SERVICE LICENSEE THE HIGHAT									
	23. PART I. Enter the diseases, or co- shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sepsie	th line.	enter tha moda	of dying, such a	as cardiac or reap	iretory arre	at,	Approximate Interval Between Onset and Daath	
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST d.									
MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO								RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
SICIAN: MEDIC	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26	. PLACE OF DEATH (Check only one)	UNCERTAIN /	X L				
	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Oulpatient 3 DOA 4 Nursing Home 5 Residence & Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURE							JRED		
D BY Pi	1 Naturel 5 Pending Investigation 3 Suicide 8 Could not be 28a. PLACE OF INJURY — At home, farm, streat, factory, office 28f. LOCATION (Street and Number or Run.						r Aural Route	n Number,		
	4 Homicide datarmined	building, atc. (Specify	·	_		City or Town, State,				
COMPL	(Check only 1 DY CERTIFYING PHYSICI	AN: To the best of my knowled On the basis of examination a							d menner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	- House o	Hices	LMC	D 450		29d. DATE	SIGNED (Mo	onth, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO BIKKAM S.	JOHAR /	H (TTEM 27) (Type, Prir	(t)	serly 1	lts Au	LMC	B	ALTO MID	



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Pages 1, 2, 3 should permit. retained by the hospital or attending physician. 5 should be detached for use as the burial-transit page 5 should be detached 7 notified Pe must director, examiner funeral removal. medical filled in 0 cremation. other traumatic event, the and completely for burial, cremation 10 prior 6 the atten injury, signed by t 23 shows any been , has be Dept. Hem certificate h 10 the marked, this (After 28 is r DIRECTOR: hours after Item TO THE HOSPITAL OF TO THE FUNERAL DE FIED WITHIN 72 M IMPORTANT: If IN

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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH DAY Robert 1995 MILES January 5, 2:38 pM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS. 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Aug. 16. 1 M 2 | F 188 05 4768 Pennsylvania YRS. 1919 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Square Hospital Rossville Baltimore County RESIDENCE OF DECEDENT 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Essex 1 TES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 21221 640 Middlesex Road 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuban, Maxican, Puarto Rican, afc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married F VES. GIVE WAR OF DATES 1 YES 2 NO Specify: 3 Widowed 4 Divorced Waite 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gi Elementary/Secondary (0-12) Salesman 12 Beer Distributing Co. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Miles Mina Jones 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 640 Middlesex Road Baltimore, Maryland 21221 Elizabeth Miles 20 METHOD OF DISPOSITION 20b.PLACE AND DATE OF DISPOSITION (Name of Hodely and Hodely and Hodely and Hodely and Hodely Baltimore Co., Md. t Buriel 2 Cremation 3 Rem SIGNATURE OF FURNISHAL SERVICE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home P.A. repart 1407 Eastern Ave. Baltimore. Md. 21221 23, PART I. Enter the diseases or plicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximeta ahock, or heart fallure Mat miy one ceuee on each line. IMMEDIATE CAUSE (Final Onset end Daath disease or condition resulting in death) . Carcinoma of Prostate 5 years DUE TO (OR AS A CONSEQUENCE OF): Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MILABLE PRIOR TO AVAILABLE PRIOR TO COMPLETION OF CAUSE Renal Failure 1 | YES 2 1 NO OF DEATH? Disseminated Intravascular Coagulation 1 TES 2 1 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \boxtimes UNCERTAIN \square 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 X NO 1 K Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 🕅 Natural 5 Pending M 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined

29a. CERTIFIER

(Chack note of the cause)

(Chack note of the cause)

(Chack note of the cause)

(Chack note of the cause)

(Chack note of the cause)

(Chack note of the cause)

2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(a) and manner as stated.

296. SIGNATURE AND T	TILE OF CERTIFIER		1)
1	our (H	nne	vi

29c. LICENSE NUMBER 8 29d. DATE SIGNED (Month, Day, Year

30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)

Louis Breschi, M.D. 9101 Franklin Square Drive, Baltimore, MD 21237

JAN 0 9 1995

32. REGISTRAR'S SIGNATURE Java Dauxico Redell

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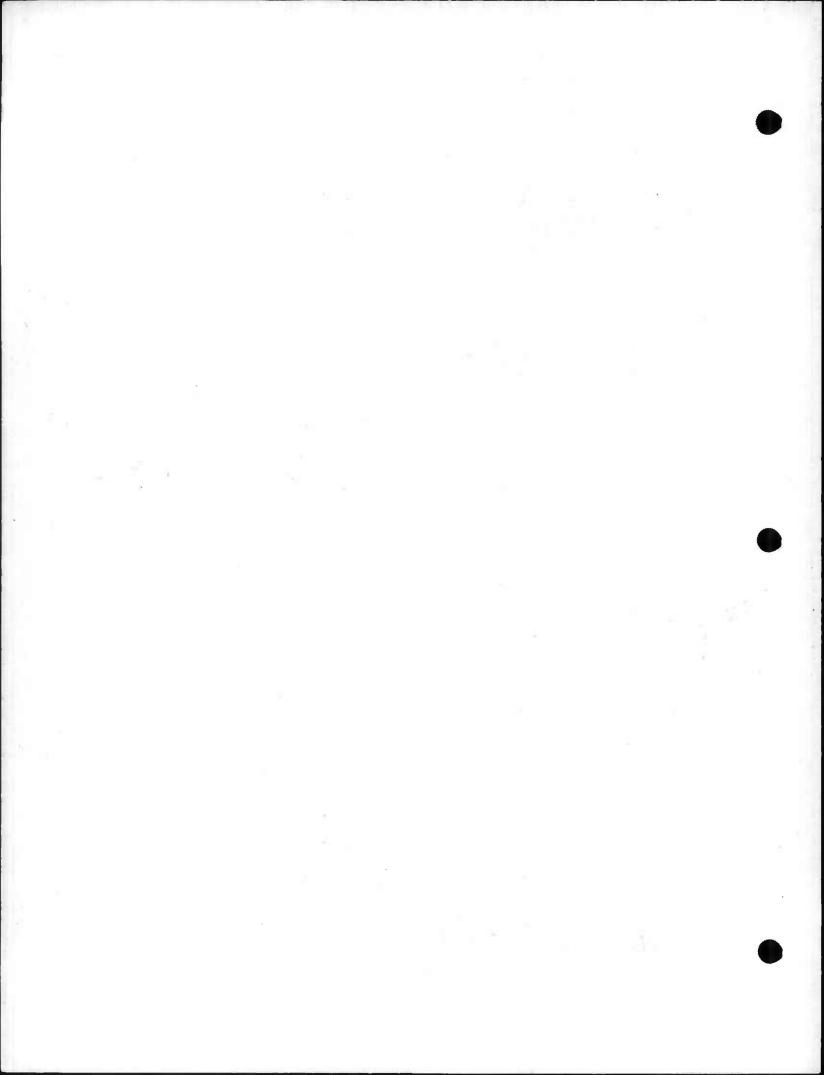
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	McMAI	N 125			2. DATE OF DEATH DA	Y G	YEAR 3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	6	BIRTHPLACE (State or Foreign
	105 01 0560 Se. FACILITY NAME (If not institution, give st	7 ,	5 YRS.	MONTHS DAYS	HOURS MIN.	June 16,1		Vew York Y OF DEATH
DIRECTOR	Harbor Hospital Ce			Baltimo		EATR	SC. COOK!	
E E	10s. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCAT	ION			10d, INSIDE CITY
		nore County		Essex				1 TYES 2 NO
FUNERAL	100. STREET AND NUMBER 5 Brett Court			101	21221			N OF WHAT COUNTRY?
l S	11. MARITAL STATUS	21221 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yea or No. 14, RACE — Arm						
BY FI	1 Never Married 2 Married 3 📝 Widowed 4 Divorced	FORCES? 1 YES		If yes, sp	ecify Cuban, Mexica 2 ☑ NO Specifi	in, Puerto Rican, etc.)		Black, White, atc. Specify: White
		PATION	10. 0.000.00.00.00.00					
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of life. Do NOT u	WORK done during mo se retired.)	on st of working	16b. KIND OF BUS	SINESS/INDUS	TRY
<u>_</u>	crementary/secondary (0-12)	College (1-4 or 5+)	Hou	sewife		Home	9	
S S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BE (Juilus Oney				Marga	aret Clir	ne	
5	19s. INFORMANT'S NAME (Type/Print)	-				Route Number, City or Town		
	Bernard F. McManus			estnut I				ryland 21136
	1 Buriel 2 Cremation 3 Remo			ther plece of Je		1 .		y or Town, Stets Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE					CILITY Ineral Home		,
	1 hom 33	-02	The same					aryland 21221
	23. PART Enter the disease, or can be shock, or heart fellure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A	och line.	edonu				t, Approximate interval Between Onset and Death
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Preumo	ONSEQUENCE O	F):		91LURE		
A A	PART II. Other significant conditions	contributing to death be	ut not reaulting	In the underlying	g cause givan in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						1 YES 2	P.SIO	OF DEATH?
z	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF	DEATH Y	ES NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;		26. PL OTHER:	ACE OF DEATH (Ch	eck only one)		
14S	1 YES 2 ONO 27. MANNER OF OEATH	1 28a, DATE OF INJURY		4 - Nursing Nom		6 Other (Specify)		
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIM	URY WO	PRK?	28d. OEŞCRIBE HOW II	NJURY OCCU	RED
э ву	2 Accident Investigation 3 Suicide 8 Could not be	26a. PLACE OF INJURY	— At home, ferm,			281. LOCATION (Street a	nd Number or	Rural Route Number,
Ë	4 Homicide determined	building, etc. (Speci	ny)			City or Town, State)		
COMPLETED		IAN: To the best of my knowl						cause(s) and menner es stated.
	29b. SIGNATURE AND FITLE OF CERTIFIER	0-000	av.	nt, at thy opinion, o				
O BE	Loudia /2	ATLURI	House S	TAFF	AS Z441		≥ Oì	GIGNED (Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO OF RERECTION OF REAL PROPERTY OF THE PROP		HOSP (F	Print)	30015.	HONIONE	RST 1	MO ZING BALTIMORE
	JAN 0 9 1995	22. REGISTRAN'S SIGN	BURE BALLY			0.01	//	11 01 11 11



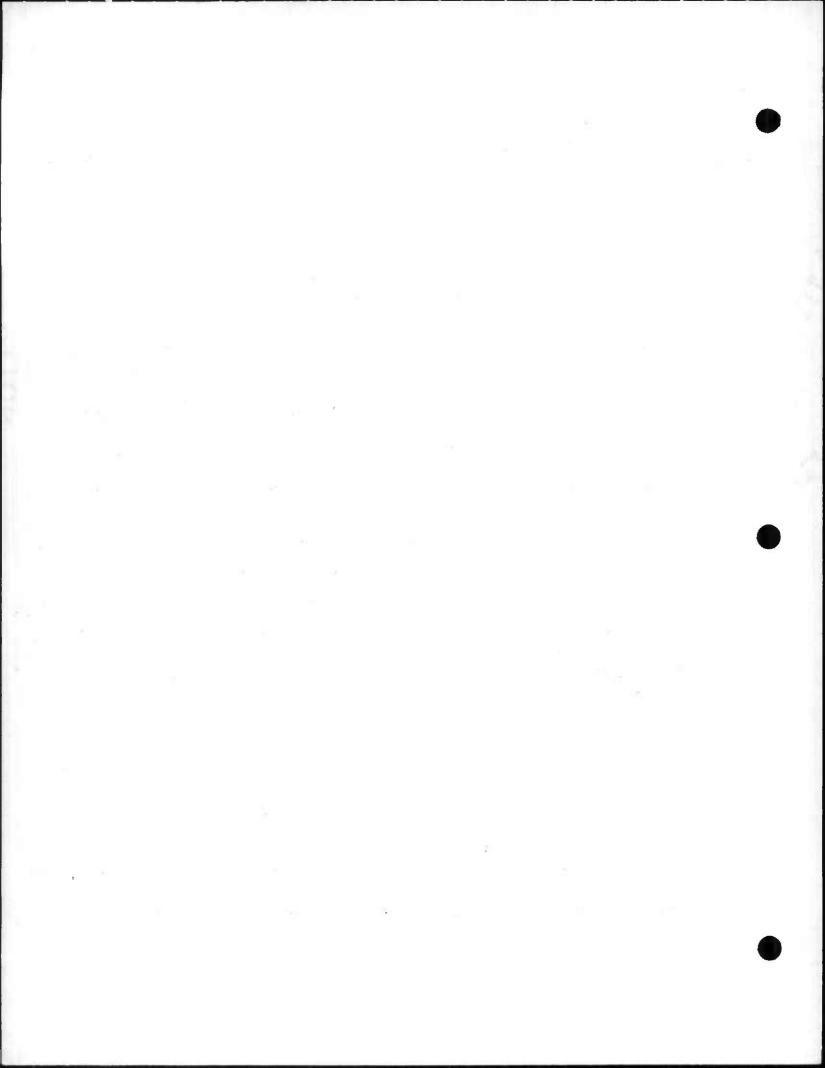
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

1 - FOR STATE DEGISTRAD

	REGISTRAN				EKIII	ICALL	<u> </u>	DEA	I H		REG. NO			
		nces	Meldr	om						2. DATE OF Janua.	ry 3	, 1995	5 YEAR	3. TIME OF DEATN 1:55 p m
	4. SOCIAL SECURITY NUMBER 235 34 3534	1	5. SEX 1	8. AGE (In yrs. 71	last birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D. NOV.	BIRTN 9, 760/ 3, 19	23	Country	PLACE (State or Foreign
<u>«</u>	90. FACILITY NAME (# not # Franklin Sq			Center		1		OR LOCATIO		ATN		9c. COU	JNTY OF DE	
	RESIDENCE OF DE	CEDENT	ospital Center Rossville 21237 Baltimore Coun							e County				
BY FUNERAL DIRECTOR	Maryland	Baltim	ore		10c. CIT ESS	Y, TOWN C	OR LOCA	TION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 106 Kingsle		e				101	f. ZIP CODE 212				10g. CIT	TIZEN OF W	HAT COUNTRY?
3	11. MARITAL STATUS	1:	2. WAS DECEDEN			13.	WAS DEC	ENDENT O	F HISPANI	C ORIGIN? (S	oecify Yes	or No-		- American Indian,
	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE V	YES 2 X	NO		Il yes, sp		n, Mexican,	, Puerto Rica			Black Specif	, White, atc.
	15. OEC (Specify onl	EDENT'S EDUCAT y highest grade con	TION mpleted)	16a. (DECEDENT'S	USUAL O	CCUPATIO	ON set of workin		18b. KII	ND OF BUS	INESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (I		College (1-4 or 5	•)	ustod	se retired.)	donning mo	of Working	,		Sch	nool		
Ö	17. FATHER'S NAME (First, M	fiddle, Last)						16. MOTN	ER'S NAM	E (First, Midd	lle, Meiden	Sumame)		
BE (Lawrence W	. Stu	cky						Flore	ence	Ber	nson		
10	19a. INFORMANT'S NAME (96. MAILING	ADDRESS	(Street a	nd Number	or Rural Ro	oute Number,	City or Town	n, State, Zig	p Code)	
F	David Allen	Meldro	m		2 Nor	th S	ecor	nd Av	e., 1	Fernda	ale M	Maryl	Land	21061
	20a. METHOD OF DISPOSIT 1 Burlel 2 Crematic 4 Departion 6 Other	on 3 🗆 Remove	al from State	20b. PLAC	E AND DATE (OF DISPOS ther place)	iTiON/Na	ame of	1061	DATE 1.00E	20c. LO	CATION —	City or Tov	ty ,Md
	21. SIGNATURE OF FUNERA		SEE	- preci	mount	22.	NAME_A	ND ADDRES	S OF FACI	ILITY -	рати	TIIIOL	e cı	Ly ,Ma
	Ma	B	d'	h						neral ve Bal				1221
	23. PART I. Enter the d	iseasea, or con	nglicatione th	t coused the c	leeth. Do r	not enter	the mo	de of dyl	ng, such	aa cardiac	or reapi	ratory an	rest,	Approximate
H	immediate cause (Fir	eart failUre, Lis	it pnly one cau	ise on each iir	10.									Interval Between Onset and Death
	disease or condition resulting in death)	→ .	gaqU	er gast	roint	esti	nal	blee	d					45 min.
	resulting in death)			(OR AS A CONS										13
CERTIFICATION	Sequentially list condit		Chro	onic ob	struc	tive	pul	mona	ry di	isease	9			10 years
AT	if any, leading to imme- cause. Enter UNDERLY	ING	_	umonia		,								2 weeks
Ĕ II	CAUSE (Disease or injuthat initiated events			(OR AS A CONS	EOUENCE OF	-):								2 WCCAS
R	resulting in death) LAS	T d												
2	PART II. Other eignifica	nt conditions o	contributing to	death but not	panulting i	in the	-landada a		t In 5					
EDICAL	Osteoprosis				resulting i	n the un	derrying	g cause g	iven in P	art I. 244	PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
<u>a</u>	Hyperventric									_ 10	YES 2	☑ NO		COMPLETION OF CAUSE OF DEATH?
Σ					ATLL VE	c [2] h	10.5	1		_				1 YES 2 NO
AN	DID TOBACCO U		SUIE IO CA		CE OF DEAT			UNC	ERTAIN					
Š	EXAMINER?	Н	IOSPITAL:			OTHER	R:							
PHYSICIAN:	27. MANNER OF DEATN	1 2	Inpatient 2 26s. DATE OF		28b. TIM		lng Hom 28c, INJ			Other (Sp 28d. DESCRI		I HIPV OO	CHIDED	
ВУ Р		Pending Investigation	(Month, Di			URY	WO	RK?		zou. Deșçan	DC HOW IN	IJOHY OC	CORED	
COMPLETED B	3 Suicide 6	Could not be determined	28e. PLACE Of building,	F INJURY — At hetc. (Specify)	ome, farm, s	treet, lacto	ory, office	•	1	281. LOCATIO City or To	N (Street a	nd Number	or Rural Ro	oute Number,
ا ت	290. CERTIFIER 1 X CERT	IFYING PNYSICIAL	N: To the heat of	mu knowledne s		4 -4 45 - 41		63.6.3						
ž I														and manner sa stated.
- 11	29b. SIGNATURE AND TITLE					,, 0	1				proces and			
B	mar	121.	to no	Λ					1789					Month, Day, Year) ry 3, 1995
2	30. NAME AND ADDRESS OF	PERSON WHO C	OMPLETED CAUS	SE OF DEATH OT	EM 27) (Tuna	Print)			. , 0 ,				3	U 21 -179
	Dr. Martin H	Roberts	9000 I	rankli			Driv	re Bai	ltimo	ore, M	aryl	and	2123	7
	31. DATE FILED (Month, Day,	Year) /1.	22. REGISTRA	R'S SIGNATURE							4			
	JAN 0 9 199	15 Stille	ollanguar	Flandall										



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

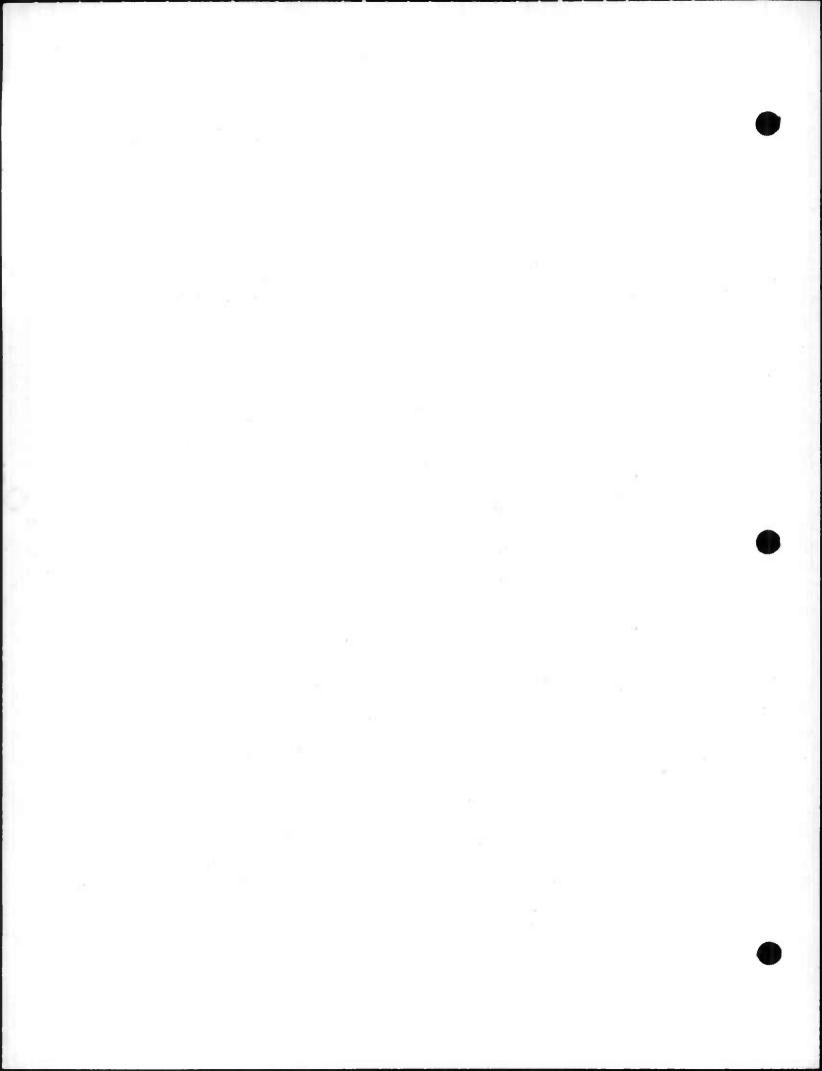
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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	4 DECEMBER MANE OF A 1914 A			LATIR	IOAII	- 01	DLA		REG. NO).		
	1. DECEDENT'S NAME (First, Middle, L								2. DATE OF DEATH	MY	VEAR	3. TIME OF DEATH
	Gladys	M. Me	lvin						January 3	, 1995		M
	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH			PLACE (State or Foreign
	705 05 6670	1 □ M 2 💢 F	81	7 YRS.	MONTHS	DAYS	HOURS	MIN.	02/16/1907	7	Mary	land
	9a. FACILITY NAME (If not institution, g	ve street and number)			9b, CITY	. TOWN	OR LOCATI				INTY OF DE	
Œ	409 Worton Road	,						011 01 02	AITI			
16	RESIDENCE OF DECEDENT				E	ssex	•			Balt	imore	County
DIRECTOR	10a. STATE 10b. COL	nd Baltimore County 10c. CITY, TOWN OR LOCATION 10d. INSIDE CIT 10d. INSIDE CI								10d. INSIDE CITY LIMITS?		
												1 TYES 2 X NO
NA.	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?								HAT COUNTRY?			
j j	409 Worton Road 21221 U.S.A.								۸.			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, Black, White, etc.)							- American Indian,			
BY R	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE V		NO			2 KNO				Specify	White, etc.
	3 12 Wildowed 4 Divorced						741					White
9	15. DECEDENT'S (Specify only highest g	EOUCATION	16a. Di	ECEDENT'S	USUAL O	CCUPATIO	ON		16b, KIND OF BU	SINESS/INI		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 6		Do NOT us	se retired.)	during mo	IST OF WORKE	v				
ق ا	6		l I	300k 1	binde	er			Railr	road		
ō	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NAM	AE (First, Middle, Maiden			
	Frank Wright						An			our name,		
BE	19a. INFORMANT'S NAME (Type/Print)		- 1	h Man nio	400050	0.70			Hager Toute Number, City or Tow			
2												
	Charlotte Schoel	xereru						d Ba	altimore,	Mary.	Land	21221
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 Sy Cremation 3 □ F	emoval from State	20b. PLACE					4 /0			City or Tow	
OC 10	4 Donation 6 D Other (Specify)		Green	mount					/1995 Bal			ryland
	21. BIGNATURE OF FUNERAL SERVICE	LICENSEE			22.	NAME A	ND ADDRE	SS OF FAC	uneral Hom		7	
	1 by 13	~ Q	1									3 3 04004
-	22 PARE I Fotos the discours	VT			114	407	East	ern A	Ave Baltım	ore,	Mary	land 21221
	23. PART I Enter the diseases, shock, or hasrt failu	re. List only one cau	se on each iin:	eath. Do r B.	iot antar	tne mo	da or dyl	ng, such	as cardisc or respi	iratory an	rest,	Approximata interval Between
	IMMEDIATE CAUSE (Final	Λ	h				-	> 1				Onset and Dasth
	disease or condition resulting in death)	. Atou	1 IN	1000	wel	na	14	nta	rehon			Minutes
		DUE TO	(OR AS A CONS	QUENCE OF	F):							
Z		- b.										
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	QUENCE OF	F):							
S	cause. Enter UNDERLYING	c.										!
Ē	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE OF	F):							
F	resulting in death) LAST	4										
2												
AL	PART II. Other significant conditions	ions contributing to	death but not	resulting i	n the un	darlying	g cause g	jivan in P	Part i. 24a, WAS AN			VERE AUTOPSY FINDINGS
EDICAL	Hyperten	5100							1 TYES 2	\ /		WAILABLE PRIOR TO COMPLETION OF CAUSE
									_ ' ' ' '	1		OF DEATH?
2	DID TOBACCO USE CON	STRIBLITE TO CA	LISE OF DEA	TH VE	s \square s	VO F	LINC	EDTAIN		,	,	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			CE OF DEAT			, OINC	FUINIIA				
S	EXAMINER?	HOSPITAL:			OTHER	1 :	1					
ž	27. MANNER OF DEATH	1 Inpatient 2		-	4 🗆 Nun			T-	Other (Specify)			
	1 Natural 5 Pending	26e. DATE OF (Month, De	ny, Year)	26b. TIM	URY		BK?		26d. DESCRIBE HOW I	NJURY OC	CURED	
BY	2 Accident Investigation				М		rES 2	NO				
0	3 Suicide 6 Could not	building,	F INJURY — At he atc. (Specify)	ome, farm, s	treet, tect	ory, office			261. LOCATION (Street a City or Town, State)	and Number	or Rural Roo	ute Number,
IEI	4 Homicide determined											
1 2	29e. CERTIFIER (Check only)	YSICIAN: To the best of	my knowledge, de	ath occurre	d at the ti	me, data	and place.	and due to	o the cause(s) and mer	oner en etel	led	
COMPLETE	2 MEDICAL EXAM	//							ime, data and place, an			and menner on et-ta-d
8										- vue 10 (fi	- venes(a) a	THE PROPERTY OF THE PARTY OF TH
H	SIGNATURE AND TITLE OF CERTI	IIM	10				29c. LICE	NSE NUME	BER	29d. DAT	E SIGNED (A	Vonth, Day, Year)
0	Jusan)	my /	IV.				V	337	4.2	> /	10-	95
-	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	E OF DEATH (ITE			, ,	0		,/	/ /	0	1
	Susan Li	evy D	.D.	F	ank	din	dg	ivas	2 Harail	Su/	(0)	nter
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE				/					
	JAN 0 9 1995	Julia altered	cor Rardal	t .								
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

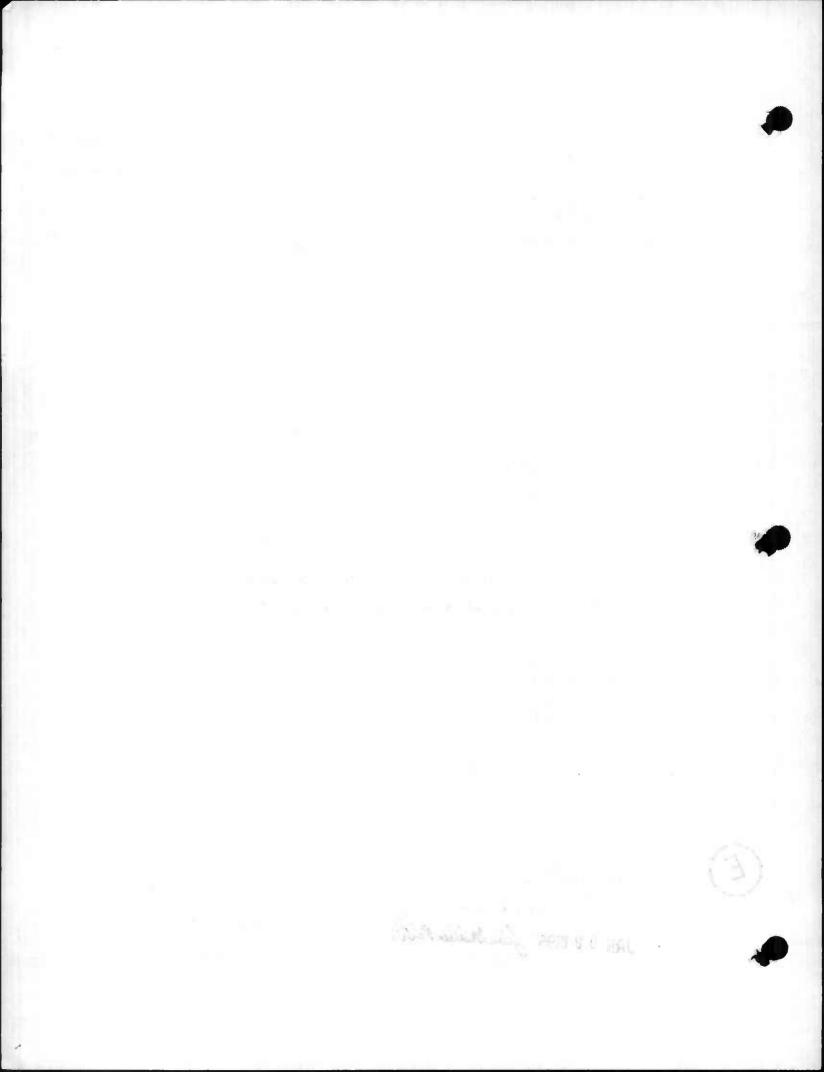
FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH JAN. 03, 1995 **JAMES** MARVIN MILLER 19:28 P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)
NOV. 30, BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 M 2 | F YRS. 23 1971 NEW YORK Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SHOCK TRAUMA UNIT BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE CITY 1 XYES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 2008 BARRY ROAD 21222 USA retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—if yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 X Never Married 2 Married BY Snecky 3 Widowed 4 Divorced BLACK 15. DECEDENT'S EDUCATION COMPLETED 16¢. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 11th GRADE UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) 76 **JAMES** BE FORE THELMA L. MILLER notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 THELMA MILLER 2008 BARRY ROAD, BALTIMORE, MD. 21222 Раде 6 тау be P 20e. METHOD OF DISPOSITION
1 ☐ Burlet 2 ②Cremation 3 ☐ Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must METRO CREMATORY 4 Donation 5 Other (Specify) BALTIMORE, MARYLAND 1-9-95 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY hours after death. JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, MD. the state 21223 medical 24. PART I, Enfer the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximate shock, or heert failure. List only one cause on each line. Interval Between 5 IMMEDIATE CAUSE (Final **Onset and Death** the Ret Bottock diseese or condition been signed by the attending physician and completely in the Health and Mental Hygiene prior to burial, crematic Wor resulting in death) TO (OR AS A CONSEQUENCE OF): 7 traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL any COMPLETION OF CAUSE YES 2 | NO DEATH? shows YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: WB has by Dept. 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) The certificate h ttem. **EXAMINER?** L OR ATTENDING PHYSICIAN; The DIRECTOR: After this certificate bours after death with the State HOSPITAL: OTHER: 1 TYES 2 - NO 1 inpetient 2 ER/Outpetient 3 DOA 5 Residence 6 Other (Specify) 5 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? with t 28b. TIME OF INJURY marked, 1 Natural 5 Pending 28e. PLACE OF INJURY — At home, farm, street, factory, office 1 YES BY 2 Accident Investigation 3 Suicide 8 Could not be determined .00 COMPLETED Reltimore 4 Homicide 28 residence 817 West favelle 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. HOSPITAL FUNERAL WITHIN 72 P 2/ XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I 29b. SIGNATUREAND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE ME AND ADDRESS OF PERSON WHO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print) OCME JAN.04,1995 2 00 RE 111 Penn Street, Baltimore. Maryland

020	ther death. Dans & may be retained by the hoogital or attending abacician
; MARYLAND 21215-0020	appropria
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DIVISION OF VITAL RECORDS, P.O. I	
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC				GIENE B. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) MARY	MCKEN	218			2. DATE OF DE	DAY	yean 3. TIME OF DEATH 930 A M
	4. SOCIAL SECURITY NUMBER 7 215-09-1290	5. SEX 6. AGE	(In yrs. lest birthday) # MC	UNDER 1 YEAR HITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,) Dec. 8,	bar)	BIRTHPLACE (State or Foreign Country) Maryland
TOR	9a. FACILITY NAME (If not institution, give : KNOLL WO CRESIDENCE OF DECEDENT		96		ers VII			Y OF DEATH
DIRECTOR	10a. STATE 10b. COUNT	Arundel		own or Locat	ION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	8086 New Cut Ro	oad		101	21144			ed States
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, spe	ENDENT OF HISPAI ecity Cuban, Mexica 2 NO Specifi	n, Puerto Rican, e		4. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use re	(done during mo: otired.)	N st of working		OF BUSINESS/INDUS	
ğ	6 yrs.		Seamstre	SS			hing	
	John Scherer					ME (First, Middle, A ara Schi	,	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a			or Town, State, Zip Co	odel
임	Vivian E. Upton				Rd. Seve			,,,,,
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State 20b	PLACE AND DATE OF E eletery, cremetory or other adowridge	SPOSITION (Na.	me of	OATE 2	Oc. LOCATION — CIT	y or Town, State Maryland
ļ	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME AN	D ADDRESS OF FA	CILITY		
	> Ver all	Kul			y-Ruddio			ie. MD 21061
	IMMEDIATE CAUSE (Final	List only one ceuse on e a	ach line.	enter the mo	de of dying, suc	h as cerdiac pr	reapiratory arres	Approximata Interval Between Onset and Death
N 0	Sequentially list conditions,	b. Passible DUE TO (OR AS A	CONSEQUENCE OF:	and al	Lufar	cti m		
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	O Vanuala consequence of):		ceiden	7		
CERT	resulting in death) LAST	d	Tur ula					
EDICAL	PART II. Other significant condition Malnut Dementic	uiti an	ut not resulting in t	ne underlying	cause given in	P	AS AN AUTOPSY ERFORMED? (ES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
Σ		- B12 and F	alic arid	D. lie	ines	-		1 TES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL	1			ACE OF DEATH (Ch	eck only one)		
	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp		THER:	5 - Residence		(v)	
BY PHYSI	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJI			HOW INJURY OCCU	RED
. 8	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, street	et, factory, office		281. LOCATION (City or Town,	Street and Number or State)	Rural Route Number,
COMPLETED		ICIAN: To the best of my know ER: On the baels of examination						ceuse(e) end manner as stated.
0.00	29b. SIGNATURE AND TITLE OF CERTIFIE Raymunds leagant	en / 124 7 to	UNDO CAI	M.0	29c. LICENSE NUM D4/6	284	D 1/	SIGNED (Month, Day, Year)
	21. DATE ELLED (Month Der Month)	APARKOS, M	ATH (ITEM 27) (Typo, Pri	NO5117	AL DR,	suite -	230, GC	EN BURNIE
	31. DATE FILEO (Month, Day, Year) / JAN 9-9-199	95 Julia di min	ear Nandall					



nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OF VITIE OF BECAN. The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the bosp TO THE FUNERAL DIFFERENCE After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours.

IMPORTANT: If them 24 is married, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

entificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND DEATH		GIENE		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH		3. TIME OF DEATH
	ROSALIE (WIDEMAN)	MARTIN				MONTH	SAY	95	02.00 A M
				F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BH (Month, Day,		8. BIRTI	HPLACE (State or Foreign
	239-03-7211 1 9a. FACILITY NAME (If not institution, give street		/9 YRS.		HOURS MIN.	DEC. 25	, 1915	OUNTY OF D	SC
TOR	CATONSVILLE COMMUNI			BALTIM			1		ORE COUNTY
DIRECTOR	10a. STATE 10b. COUNTY	MORE CITY	10c. CITY, 1	BALT	ION IMORE				10d. INSIDE CITY LIMITS? 1 VES 2 NO
AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. (CITIZEN OF Y	WHAT COUNTRY?
ER	2556 W. LOMBARD STR	EET		2	1223		U.	NITED	STATES
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 W Widowed 4 Divorced	P. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2V NO	If yes, sp	ENDENT OF HISPAI ocity Cuban, Maxics 2 NO Specific	in, Puerto Rican,		14. RACI Blac Spec	E — American Indian, k, Whita, etc. ***/*********************************
0	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION 1	6a. DECEDENT'S US	UAL OCCUPATION)N	16b, KIND	OF BUSINESS	INDUSTRY	
COMPLET		College (1-4 or 5+)	(Give kind of work life. Do NOT use if	etired.)	st or working				
M	17. FATHER'S NAME (First, Middle, Last)		JANITO) <u>R</u>				50	
					18. MOTHER'S NA		Maiden Surnam	e)	
BE	JOHN HUDSON 19a. INFORMANT'S NAME (Type/Print)		195. MAILING AT	INRESS (Street o	MARTHA		y or Town Ctate	Zin Codel	
5	MARGARETTE WILLIAM	ſS	1		RD STREE		IMORE,		LAND OTOGO
	20a. METHOD OF DISPOSITION	205 0	ACE AND DATE OF	DICTION (A)			20c. LOCATION		6.16.6.1
	Burlel 2 Cremation 3 Removal	from State cemete	ery, cremetory or other KI	NG MEM	. PK. 1	-9-95	RANDAL	LSTOW	N, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE /		22. NAME AN	D ADDRESS OF FA	CILITY			
	>/ alount, il	illians			N L. WIL				EDHILTON BALTO., MD
	23. PART I. Enter the diseeses, or com	plications that caused t	he deeth. Do not	enter tha mo	de of dying, suc	h es cardiec o	r respiratory	srrest,	Approximate
	shock, or heert fellure. List IMMEDIATE CAUSE (Finel	Only one ceuse on esc	h iine.	1911					Interval Between Onset and Death
	disesse or condition resulting in daeth) e.	Chrome DUE TO (OR AS A C	rena	1 Le	lure	2			
		DUE TO (OR AS A CO	ONSEQUENCE OF):	.0	4		4.0	11	
8	Sequentisity liet conditions, b.	DUE TO (OR AS A C	depe	rollus	dias	eres	mee	uru	2
ATI	if any, laeding to immediate cause. Enter UNDERLYING	a Hipport	ONSECUENCE OF !	-Rec	art de	sen!),		
필	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):		0, 00	o ac			
CERTIFICATION	resulting in desth) LAST	Rypert	ender.	n					
	PART II. Other significent conditione c	ontributing to death but	not recuiting in	the underlying	Cause given in	Part i 24a i	WAS AN AUTOP:	PV 244	WERE AUTOPSY FINDINGS
CAL	Darval	decul	chia	11/16	1		PERFORMED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED		my	1005	0010		— ¹º	YES 2 ANO		OF DEATH?
Σ.	DID TOBACCO USE CONTRIB		DEATH YES	ПИОГ	LINCERTAI				1 NES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	28.	PLACE OF DEATH		OTTCLKIAII				
SIC		OSPITAL: Inpatient 2 ER/Outpatie		THER:	5 Residence	8 Other (Spec	effy)		
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c, INJ	JRY AT RK?	28d. DESCRIBE	HOW INJURY	OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 1	ES 2 NO				
29a. CERTIFFIER (Check only one) 29a. CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred et that time, date and place, and due to the cause(a) and memory as attained. 28b. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28c. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Num City or Town, State) 28f. LOCATION (Street and Number or Rural Route Num City or Town, State)						Route Number,			
5	29a. CERTIFIER (Check only	N: To the best of my knowled	ge, death occurred	of the time, date	end place, and due	to the cause(a) a	and menner as	stated.	
No.	one) 2 MEDICAL EXAMINER: C								a) and menner as stated.
	296. SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NUI				(Month, Day, Year)
O BE	Church roch	lever					•	1/6	195
임	30. NAME AND ADDRESS OF PARSON WHO CO					4	0	797	
		narraus		WI	1 kens,	tre	Bai	h 2	1225
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATI							

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

31. DATE FILED (Month, Day, Year)

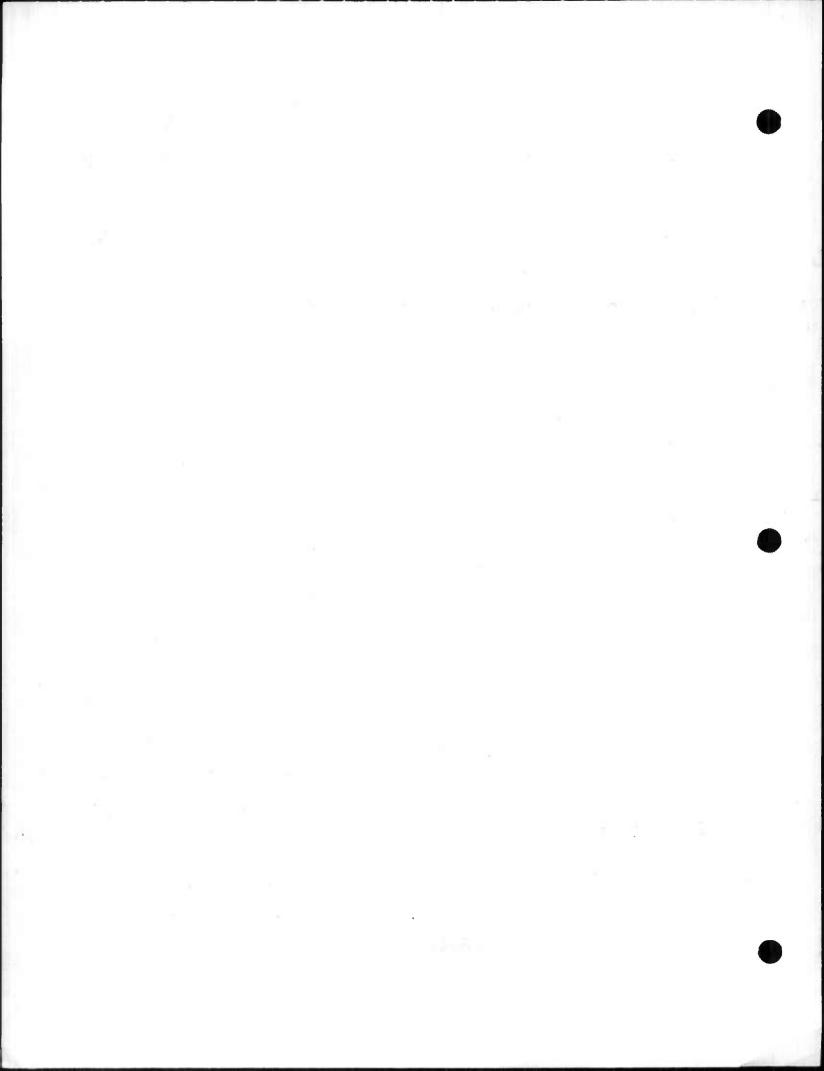
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1 - STATE REGISTRA	AR.	STATE OF MARYL		RTMENT OF		MENTAL HYGIE!		
	IAME (First, Middle, Last)		OLITTI	TOATE OF	DEAITI	2. DATE OF DEATH). 	3. TIME OF DEATI
HAROL	D .	JEROME		NIA CIII		MONTH E	DAY YEA	AR
4. SOCIAL SECU			(In yrs. last birthday)	NASH IF UNDER 1 YEAR	IF UNDER 24 HRS.	JAN 7. DATE OF BIRTH	06 9	
111 5	2-4235	1 M 2 D F ZZ7	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		HRTHPLACE (State or For ountry)
	ME (If not institution, give s	//	T HG.			11-24-9		mal
				96. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY (OF DEATH
9 400 S.	HOWARD ST	REET		BALTIN	MORE CIT	ry		
400 S. RESIDENCE 10a. STATE	10b. COUNTY	Y	10c, CIT	Y. TOWN OR LOCA	TION			10d, INSIDE CITY
E 121	.			BAITO	r			LIMITS?
7 7 41 -	NUMBER				I. ZIP CODE		10- CITITEN	OF WHAT COUNTRY?
102	ERINI	WAY Sui	- 1		211	71	log. Citizen	OF WHAT COUNTRY?
100. STREET AND 11. MARITAL STAT	TUS .	12. WAS DECEDENT EVER		40 900 000				
II I LAGARI MIRTIN	ed 2 Married	FORCES? 1 YES	2 NO	It yes, sp	pecify Cuban, Mexica:			RACE — American India Black, White, atc.
3 Widowed	4 Divorced	MARine Cur	DATES 1961. W	1 YE	S 2 NO Specify	:	8	Sogothy:
	15. DECEDENT'S EDUC	CATION		USUAL OCCUPATI	ON	165 KIND OF BU	ISINESS/INDUSTF	THEFE
-	Specify only highest grade condery (0-12)			work done during me		100. KIND OF BU	SINCSS/INDUSTR	17
Z	Solidary (0-12)	College (1-4 or 5+)	CArpo	May .				
17. FATHER'S NAM	NE (First, Middle, Last)		Crife	11/00	40 MOTHERIO MAI	WE (First, Middle, Maiden		
- "	ald NA	ch cn			18. MOTHER S NA	WE (FIRST, MIDDIN, MAIDIN	Sumame)	
19a, INFORMANT	S NAME (Time/Print)	I DK	405 4444 1010	4000000 (O	2316	11A Hen	nky	
PFST	1/a NA	10/	19b. MAILING	ADDRESS (Street	and Number or Rural F	loute Number, City or Tox		0.70
20a, METHOD OF	DISPOSITION	> 1	30	78 11/A	Ireus 3	T. DATO		BA to me
1 OrBuriel 2 🗆	Cremation 3 - Remo	oval from State COA	b. PLACE AND DATE of the property of the prope	ther place)		OATE 20c. LO	CATION — City of	or Town, Stata
	6 Other (Specify)		ARK'SO	1 Fores,			Vings1	11/5 MC
21. SIGNATURE O	F FUNERAL SERVICE LIC	ENSEE		22. NAME A	ND ADDRESS OF FAC	CHITY SPACE	1 Klm	1) 2/2/
	Miced	Ritt		115	ells of	-uneral	5- 10	e election
23. PART I. En	ter the diseases, or c	complications that cause	d tha daeth. Do i	not sntar tha mo	oda of dving, such	as cardlec or resp	iratory arrest.	Approxima
IMMEDIATE CA	ock, or neert tsilure.	Liet only one ceuse on e	each line.				,,	interval Be
disease or cor	dition	1. 1	-, 0	0 .	4			Onset and
resulting in da	ath)	DUE TO (OR AS	CONSEQUENCE OF	Soften	ries			
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Sequentially life if any, leading cause. Enter U		OUE TO (OR AS /	A CONSEQUENCE OF	F):				
if any, laading cause. Entar U	NDERLYING			,				į
CAUSE (Disease that initiated e		OUE TO (OR AS /	A CONSEQUENCE OF	F):				<u> </u>
resulting in da								
₽		·						
PART II. Other	aignificant condition	a contributing to deeth b	out not reaulting	in tha underlyin	g cause given in i	Part I. 24s. WAS AN		24b. WERE AUTOPSY FIN AVAILABLE PRIOR TO
MEDICA						1 1	NO NO	COMPLETION OF CA
ij								OF DEATH?
	CCO USE CONTE	RIBUTE TO CAUSE C	OF DEATH YE	S I NO I	UNCERTAIN			1
25. WAS CASE RE	FERRED TO MEDICAL		28. PLACE OF DEAT		-			
DID TOBA 25. WAS CASE RE EXAMINER? 1X X ES 2	□ NO	HOSPITAL: 1 Inpatient 2 ER/Outs	patient 3 DOA	OTHER:	ne 5 🗆 Residence	XXXther (Specify)	T SCE	VE.
27. MANNER OF D	EATH	28a. DATE OF INJURY	28b, TIM			28d, DESCRIBE HOW I		
1 Natural	5 Pending	(Month, Day, Year)	INJ	URY WO	YES 2 NO	e i'm de	1. 1.1	1.140.
2 Accident 3 Suicide	Investigation	28a. PLACE OF INJURY	- At home, farm, a	PHA		281, LOCATION (Street	ord Number of Of	ral Boute Number
4 Homicide	8 Could not be	building, atc. (Spec	cffy)	1	-	City or Town, State)		A C.S L
4 Homeroe	determined					4710 1004	Mi	
1			Voor	(with		1- 3.70 6	TRILEY	Sirect
29a. CERTIFIER (Check only	CERTIFYING PHYSIC	CIAN: To the best of my know	riedga, death occum	ed at the time, data	and place, and due	to the cause(a) end mai	nner as stated J	Hingere M
29a. CERTIFIER (Check only one)	CERTIFYING PHYSIC	CIAN: To the best of my know R: On the basis of examination	riedga, death occum	ed at the time, data	and place, and due	to the cause(a) end mai	nner as stated J	Homore, M se(a) and manner as sta
29a. CERTIFIER (Check only one)	CERTIFYING PHYSIC	R: On the basis of exemination	riedga, death occum	ed at the time, data	and place, and due leath occured at the t	to the cause(a) end mai	nd due to the cau	STREET How ove M se(a) and manner as sta
29a. CERTIFIER (Check only one)	CERTIFYING PHYSIC	R: On the basis of exemination	riedga, death occum	ed at the time, data	leath occured at the t	to the cause(a) and mai ime, data and place, an	29d, DATE SIGN	se(a) and manner as sta

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DHMH-16 Rev 1/89

Penn Street, Baltimore, Maryland 21201



The law requires that the death certificate be executed within DIVISION ORVITAL RECORDS, P.O. BOX 68760 TO THE HOSPITAL OR AT TO THE FUNEHAL DRIED be filed within 72 hours IMPORTANT. If Item 2

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME				HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) ALBERT S. PARR	2111				2. DATE OF	DEATH		YEAR 3	. TIME OF DEAT	
		5. SEX 8. AGE (In yrs.		DER 1 YEAR	IF UNDER 24 HRS.	JANUA 7. DATE OF	BARYELI	,1995	. BIRTHPL	5:20 ACE (State or Fo	A M
		<u>⊠</u> м²□ғ 56			HOURS MIN.	05	24			IRGIN	IA
OR	9a. FACILITY NAME (If not institution, give stree NORTH ARUNDEL HOS			EN BUI	RNIE	EATH		9c. COUNT A.A.			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCAT	TON				1	Od. INSIDE CITY	,
		ARUNDEL	GL		URNIE				-	LIMITS?	
FUNERAL	100. STREET AND NUMBER 14 McGUIRK DRIV	E		100	21060			50.00	I.S.	AT COUNTRY?	
O.	11. MARITAL STATUS	2. WAS DECEDENT EVER IN U.S., FORCES? 1 \(\subseteq \text{YES} \(2 \subseteq \)	ARMED	13. WAS OEC	ENDENT OF HISPAI	NIC ORIGIN?	Specify Yee		4. RACE -	- American India	en,
B⊀	1 Never Married 2 Merried 3 Wildowed MCDivorced	IF YES, GIVE WAR OR DATES	Zuo		2X NO Specif		in, etc.)		Specify:	ITE	
TED	15, DECEDENT'S EDUCAT (Specify only highest grade co	mpleted)	DECEDENT'S USUAL (Give kind of work do	ne during mo.	ON st of working	16b. KI	NO OF BUS	INESS/INDU		111	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	CARPEN'	*			CONST	RUCT	'ION		
COM	17. FATHER'S NAME (First, Middle, Last)	T. T.			18. MOTHER'S NA						-
BE	RILEY C. PARR:		19b. MAILING ADDRI	ESS (Street e	NELLIE				anda)		
2	NELLIE L. ANDER	SON	14 McG	JIRK	DRIVE-	GLEN	BURN	IIE,M	D. :	21060	
	20 METHOD OF DISPOSITION 2 Durisi 2 Cremation (3 Ramova 2 Donation 5 Other (Specify)	20b. PLAC	E AND DATE OF OISP			1/9		ENT RIE		E, MD.	
	21. SIGNATURE OF FUNDINAL SERVICE LICEN		2	2. NAME AN	D ADDRESS OF FA	CILITY					
	· Llary	J. Loufn			OND C. CRAIN H					E 2106 IE,MD.	51
	-	nplications that coused the at only one couse on each li	death. Do not ent	ler the mo	de of dying, suc	h as cardiad	or respi	ratory arres	it,	Approximation interval Be	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Theratic Q	mil. 10							Onset and	Death
	resolving in deathy	DUE TO (OR AL A CO)	PEDUENCE OF):		11						12
LION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CONS	SEQUENCE OF):	se a	nd Dex	lend	enc	Q			
-ICA	CAUSE (Disease or injury	DUE TO (OR AS A CONS	SEQUENCE OF		•					ļ 	
CERTIFICATION	that initiated events reaulting in deeth) LAST	DOE TO (OR AS A CONS	EUDENCE OF):								
AL CE	PART II. Other significent conditions of	contributing to deeth but no	t resulting in the	underlying	ceuse given in	Part I. 24	a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FI	NDINGS
MEDICA	Tpeumonid	h 10	0			_ ,	PERFOR	-	CC	MILABLE PRIOR OMPLETION OF C F DEATH?	10
. ME	DID TOBACCO USE CONTRIB	inal Keme	ATU VICE	8	LINICEDTAIN			j.		YEB 2	10
SIAN	25. WAS CASE REFERRED TO MEDICAL	26. PL	ACE OF DEATH		UNCERTAIN	иП					-
PHYSICIAN:		Virgetient 2 □ EN/Outpatient 28s. DATE OF INJUSTY		hursing Home	s ∃ □ Residence						
BY P	1 Natural 5 Pending	(Month, Day, Weer)	28b. TIME OF INJURY M	28c. INJU WOO 1 V	RKT	284. DESCRI	ME HOW IN	JURY OCCU	MED		- 1
	3 Suicide 6 Could not be 4 Homicide determined	25e. PLACE OF INJURY — At I building, etc. (Specify)	home, form, street, fo	ectory, office	11	381, LOCATIO City or 7	ON (Street au Sern, State)	nd Number or	Aural Acut	w Number:	\neg
E	290. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge,	death accumed at the	a time data	************						-
COMPLETED		On the basic of examination end/o								nd manner ee st	sted.
BEC	296-GIGHATURE AND TATLE OF CERTIFIER	MM			29c. LICENSE NUM	MBER				onth, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (IT	EM 27) (Type Print)		D436	525		01	/06/	/95.	
	ROBERT B. KROOPNICK	M.D. 795 AQUA	AHART RD.	#203	GLEN BL	JRNIE,	MARY	LAND	210	61	
	JAN 0 9 1995 Julia	22. REGISTRARY SIGNATURE									

JAN 0 9 1995

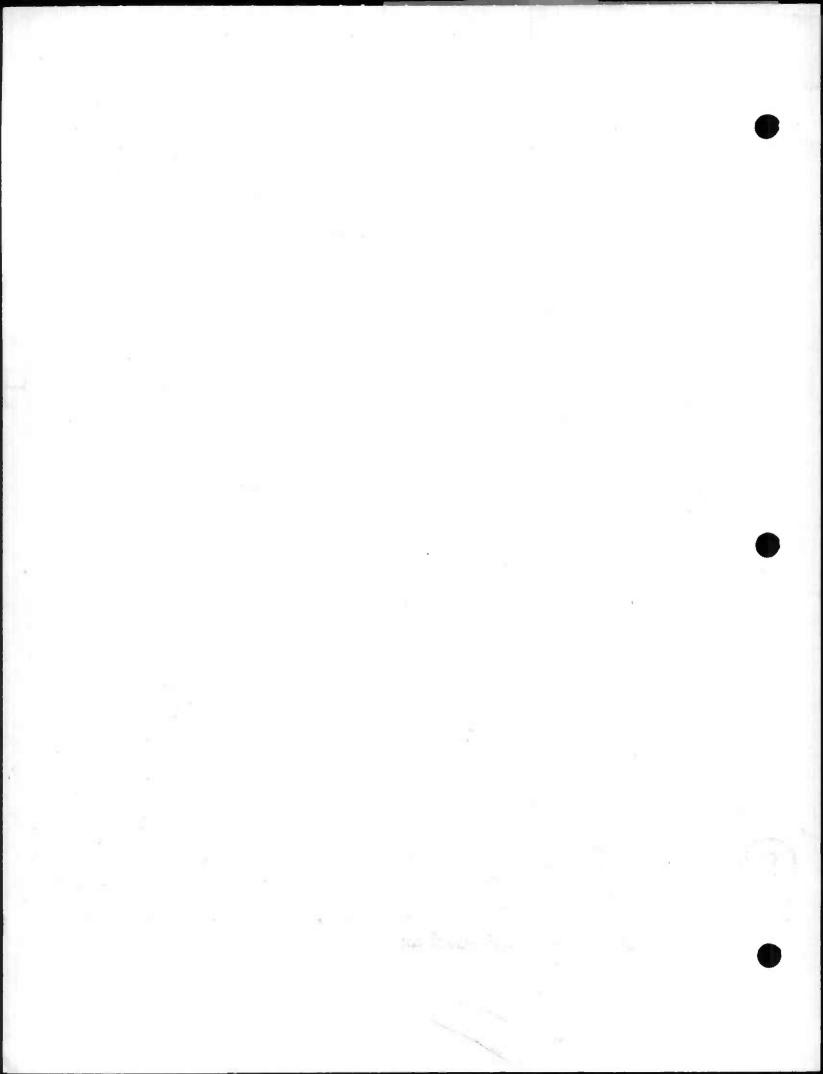
1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HENRIETTA Louisa PINDER JAN 03 1995 1:08A 5. SEX 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH

1 - 2 9 - 1 9 1 1 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 218 09 5644 DAYE HOURS 1 M 2XX 83 MIN. YRS. Maryland should Se. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR permit. Pages 1, 2, 3 SINAL HOSPITAL. Baltimore City. 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2530 Edgecomb Circle for use as the burial-transit 21215 USA hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. **BALTIMORE, MARYLAND 21215-0020** If yes, specify Cuban, Maxican, Puerto Ri 1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: Black 3 🗶 Widowed 4 🗌 Divorced No COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 18. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INDUSTRY Factory Worker and Elementary/Secondary (0-12) College (1-4 or 5+) Grammer funeral director, page 5 should be detached Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Alexander Brown 10 Sadie L. Keyser notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Alfred M. Davenport 2530 EdgecombCircle, F, Balto, MD 21215 å 20a. METHOD OF DISPOSITION
1 Disposal 2 Cremation 3 Removal from State DATE 20c. LOCATION --- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald the medical examiner Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.Baltimore St, Balto, MD21201 the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fellure. List only one ceuse on each line Interval Between IMMEDIATE CAUSE (Fine) Onset and Death Pherosclerohz cardiousile disease or condition resulting in death) perposive event, executed with DUE TO (OR AS A CONSEQUENCE OF) DIVISION OF VITAL RECORDS, P.O. BOX 68760 traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate requires that the death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 any injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS signed by the Health and MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO has been of h 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN SE PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATN (Check only one) 2 h the State I. **EXAMINER?** HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA PHYSICIAN 1 XYES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? min c 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY After Seath ATTENDING 2 Accident Investigation 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 8 Could not be determined DIRECTOR. BE COMPLETED 4 Homicide 28 Hem 货 29s. CERTIFIER (Check aniv 1 CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated. = MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF SERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) JAN 03, 1995 O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Fowler David 111 Penn Street, Baltimore, Maryland 21201. 31. DATE FILED (Month, Day, Year) Julia d'Audior

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

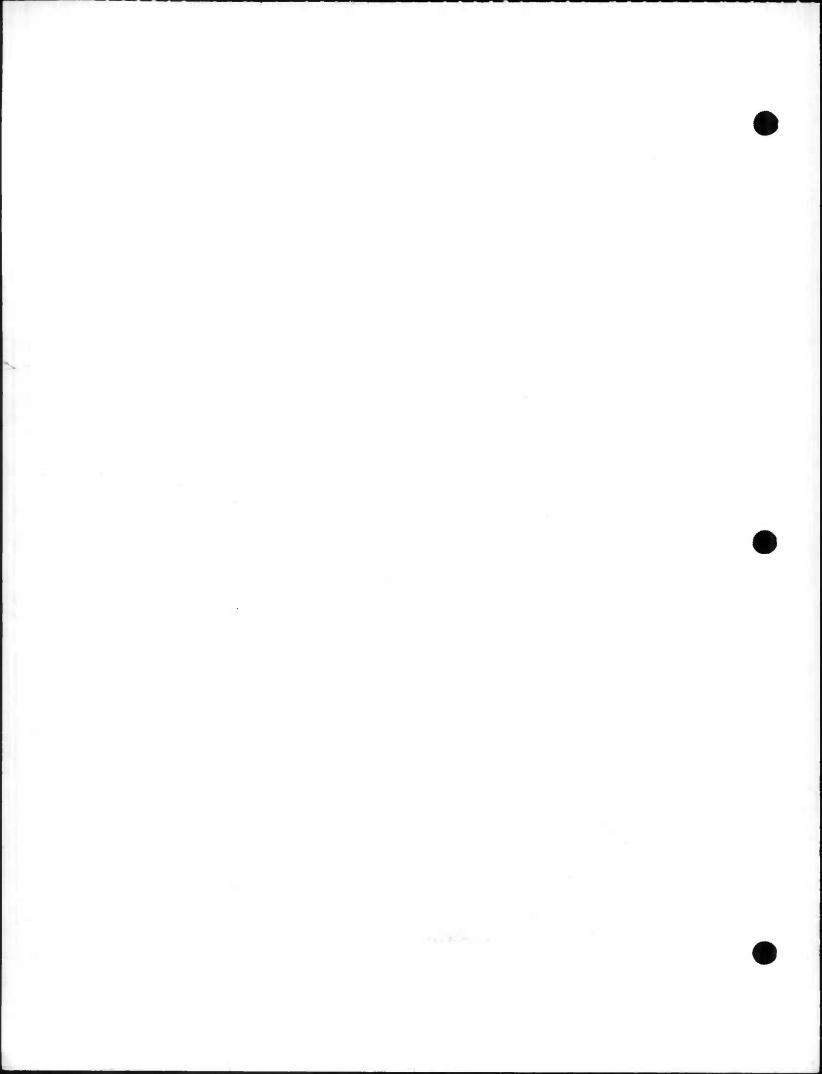
CERTIFICATE OF DEATH



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JA	IIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	THE MAY HANGION. The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.	IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should burs after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	
JA	DIVISION	HE HOSPITUL OF ATTENDING P.	HE FUNERAL DIRECTOR: After this led within 72 hours after death with	

		1 - FOR STATE OF MA) / DEPARTI			MENTAL HYGIEI		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	1	Barbara Ethel P					01 05	95	12:10 P M
	1	4. SOCIAL SECURITY NUMBER 219 18 0024 1	L AGE (In yrs. 81		NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 09 26	4.0	BIRTNPLACE (State or Foreign Country)
3 should		9e. FACILITY NAME (If not institution, give street end number)			b. CITY, TOWN O	R LOCATION OF DE			aryland
ر. بع	СТОВ	7963 Bank Street			Colga	ite			ltimore
₩.	ECT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c, CITY, 1	OWN OR LOCAT	ION			10d. INSIDE CITY
-0020 ing physician. the burial-transit permit. Pages	DIREC	Mdf. Baltimore			olgate				LIMITS?
permi	3AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
ian. transit	FUNERAL	7963 Bank Street 11. MARITAL STATUS 12. WAS DECEDENT	5455 4440	101100	I	21224		USA	
020 physic burial-		1 Never Merried 2 Merried FORCES? 1	YES 2.	NO	It yes, spe	city Cuben, Mexicas	IC ORIGIN? (Specify Yes, Puerto Ricen, etc.)	98 or No — 14	I. RACE — American Indian, Black, White, etc. Specify:
F5-0 ending as the	ВУ	3 Nidowed 4 Divorced			" "	2 NO Specify			White
or atte	TEC	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a.	Give kind of work life. Do NOT use n	done during mos	N st of working	16b. KINO OF BU	JSINESS/INDUS	STRY
D 2 Spital o	IPLE	Elementary/Secondery (0-12) College (1-4 or 5+)		Housewo			At	Home	
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-tran notified at once.	COMPLETED	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Melder		
S E E	BE (Edward Zipprion				Mary	<u> </u>		
MAR e retained 5 should notlified	5	190. INFORMANT'S NAME (Type/Print) Mary Parks					loute Number, City or To		· ·
		20e. METHOO OF DISPOSITION	20b. PLA	CEAND DATE OF			Balto., Md.		y or Town, State
MORE age 6 may director, pag		t Buriel 2 Cremetion 3 Removal from State 4 Donetion 8 Other (Specify)	cemetery.	st Lawn	Memori	ial Park			tsville Md
ALTIMORE, death. Page 6 may be thoreal director, page I. examiner must be		21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME AN	O ADDRESS OF FAC	CILITY		
0 =		Marke D. Julie	~		6224	Fastern	eiler & So Ave. Balt	EM O	
urs aft in by r remo		23. PART I. Enter the diseeas, or complications that abock, or heart fallure. List only one cause	caused the	deeth. Do not lina.	entar the mod	de of dying, such	as cardled or resp	olratory arres	t, Approximata
		IMMEDIATE CAUSE (Final disease or condition							Onset and Death
ed within 24 ompletely fille il, cremation, event, the		resulting in death) s. Due To (0		SEQUENCE OF):					2 months
C68760 executed with and comple o burial, crein	Z		edin		_				2 month
2 2 E	ATIO	ir any, lauding to immediata		STOUENCE OF):		100 1	-1		
O. BOX ertificate be ing physician glene prior in	FIC	CAUSE (Disease or Injury that initiated events	R AS A CON	SEOUENCE OF):	bry	Please	alions		months
P H C	CERTIFICATION	resulting in death) LAST	toto	nutis	i 05+	Meshi	is		10 years
0 6 5 3	AL C	PART II. Other significant conditions contributing to d			/			N AUTOPSY	24b. WERE AUTOPSY FINDINGS
ECORE quires that th signed by t Health and bws any in	EDICA	m m 1	1.6	you	dion		PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
RECOR requires that been signed by of Health an	MEC	8 3.		0				- (3)	OF OEATH?
3 5 5 S		DID TOBACCO USE CONTRIBUTE TO CAU				UNCERTAIN	1 🗆		
上 年 鲁 鲁 曹	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Impetient 2			THER:	/			
L S S S	PHYS	27. MANNER OF DEATN 280. DATE OF IP	JURY	28b. TIME O	F 28c, INJU		8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUI	RED
	ВУ Р	1 Natural 5 Pending (Month, Day,	Year)	INJUR		RK? ES 2 NO			
0 4 4 5 6	ED 6		INJURY — At c. (Specify)	home, term, stre	et, fectory, office	•	28t. LOCATION (Street City or Town, Stete	end Number or	Rural Route Number,
DIVISION OF AMERICANA DIRECTOR: After hours after death									
2 2 P P P P P P P P P P P P P P P P P P	COMPL	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of m							
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	- 11	296. SIGNATURE AND TITLE OF CERTIFIER	with and	nivesigation, l	I my opinion, de				
TO THE De filed IMPOR	98	much DM	7-			DU 19	· &	AND DATE S	IGNED (Month, Day, Year)
- FEX	임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF OEATH (,	VIII	0	A .	1013
		MICHAEL D. MARTI	N	157	b me.	MH BI	Vd B	miltim	dre, dr 21222
		JAN 9 1995	IGN TUR	E					



21215-0020	
MARYLAND	
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DIVISION OF VITAL RECORDS, P.O. BOX

ID THE TOTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be the first that the first beath with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

MPDRIAN II item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN			
	1. DECEMENT'S NAME (First, Middle, Las	" Rockjer	5			2. DATE OF DEATH MONTH		3. TIME OF DEATH	м
	4. SOCIAL SECURITY NUMBER 214-40-4029	1 □ M 2 🔀 F 88		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) OCT . 25, 19	06	BIRTHPLACE (State or Foreign Country) LLLINOIS	
TOR	99. FACILITY NAME (If not institution, gives ST. ELIZABETH NURSIDENCE OF DECEMENT	•	91		IMORE	EATH	9c. COUNTY	OF DEATH	
DIRECTOR	MARYLAND 106. COUR	BALTIMORE	10c. CITY, T	CAT(ONSVILLE			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	713 MAIDEN CHOIC	CE LANE - APT-	1106	101	21228			OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 37. Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes, sp		NIC ORIGIN? (Specify Year, Puerto Ricen, atc.)		RACE — American Indian, Black, White, etc. Specify: WHITE	
COMPLETED	15. DECEDENT'S El (Specify only highest gra Elemantary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo	N st of working	16b. KIND OF BU	ISINESS/INDUST		
MP	17. FATHER'S NAME (First, Middle, Last)	4 YRS	TEACHER					TY SCHOOLS	_
	PATRICK SPAIN					ME (First, Middle, Malder AGNEW	Surname)		
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street e	nd Number or Rural	Route Number, City or Tov	vn, State, Zip Cod	ia)	
٦	JOHN F. ROGERS					TONSVILLE,		1228	
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State ceme	PLACE AND DATE OF D tery, cremetory or other ADOWRIDGE	DISPOSITION (Na place) MEMOR	AL PARK		KRIDGE	or Town, State	
	21. SIGNATURE OF FUNERAL BERVICE	ycenser mall	5	HUBBAI		CILITY AL HOME IN AVENUE-BAL		MD 21229	
CERTIFICATION	23. PART i. Enter the disease, o shock, or heart fellur immediate cause or condition resulting in death) Sequentially list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a. PLE TO (OR AS A OC.	ch lina.	1 1) > C v		elretory arrest,	Approximate interval Batwee Onset and Dea	
MEDICAL C	PART II. Other eignificant conditi					Part i. 24s. WAS AF PERFO	RMED?	24b, WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
N.	DID TOBACCO USE		CAUSE OF I				,		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tlent 3 DOA 4	WER:	ACE OF DEATH (C)	Other (Specify)			\dashv
PHY	27. MANNER OF DEAT	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ	JRY AT RK?	28d. DESCRIBE HOW	INJURY OCCURE	ED	\exists
Accident Investigation 2						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET		YSICIAN: To the best of my knowle						use(e) end manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIF	1.15	MD		29¢ NCENSE NU	MBER () 2()	29d. DATE SIG	ONED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON.	WHO COMPLETED CAUSE OF DEA	.332		VOCN	Ave	Ball	1 21228	
١	31. JAN 0"9"1995	ATTINISTICATION OF THE PARTY	PulmE%						

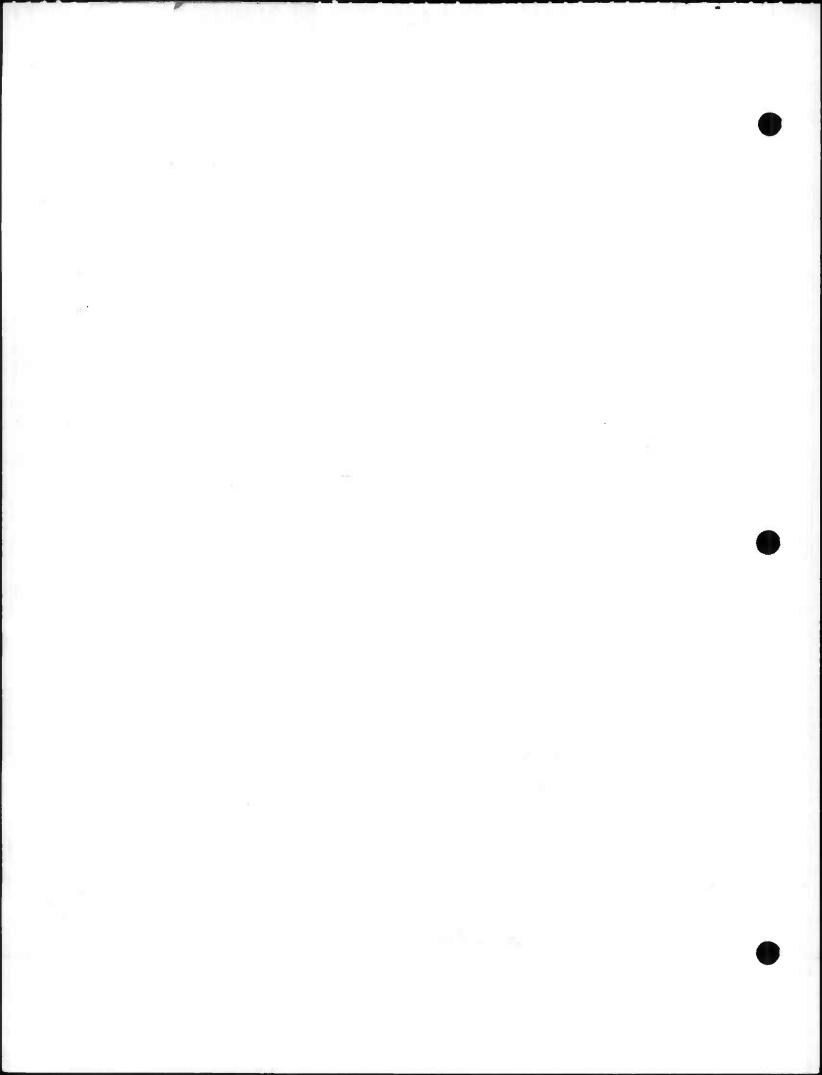
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LITTLE THE STORY THE TAKEN OF THE COURT OF THE COURT OF THE COURT OF THE CANADA THE CANA	OR: After this certificate has been signed by the attending physician and of the death with the State Dept. of Health and Mental Hygiene prior to bun	8 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
T. Const	OR: Afti	8 is m

	1 - FOR STATE REGISTRAR	OF MARYLAND	/ DEPARTM				GIENE S. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE		3. TIME OF DEATH
	11 20 a 1 6 B : CCa					MONTH	DAY	EAR
	4. SOCIAL SECURITY NUMBER S. SEX	4 105 //-				JAN.	6, 95	
		6. AGE (In yrs. I	MOM	THE DAYS	HOURS MIN.	7. DATE OF BIRT (Month, Day, 1)	TH 6.	BIRTHPLACE (State or Foreign Country)
- 1	217-76-2383 10 M2	40	YRS.			JUNG 2	2,1954	MARIJAND
	9a. FACILITY NAME (If not institution, give street and nur	nber)	9b.	CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH
5	Honokins Douring	11 11.10		5	214.			
5	RESIDENCE OF DECEDENT / LEW M.C. BA! FINSON							
9	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ON	-		10d. INSIDE CITY LIMITS2
DIRECTOR	MARINGAID			T	2/1-1	rope		1 FYES 2 NO
	10e. STREET/AND NUMBER			101	ZIP CODE	10/-0	10a CITIZE	N OF WHAT COUNTRY?
FUNERAL	3402	1/2	BLE.		2/2	2.6	log. Citize	1/5/
	0 / 0 8 4							W.J. A.
2	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS D FORCE	ES? 1 YES 2		13. WAS DECI	ENDENT OF HISPAN city Cuban Mexica	NC ORIGIN? (Spec	ify Yes or No — 14	. RACE — American Indian, Black, White, etc.
5	3 Widowed 4 Divorced	G, GIVE WAR OR DATES			2 110 Specify			Specify: 11) h. Le
_							1	wrone
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, E	Give kind of work	AL OCCUPATIO	N t of warking	166, KIND (OF BUSINESS/INDUS	TRY
4		1-4 or 5+)	fe. Do NOT use reti	red.)	. S. Furning			
ا ا	12th -	_	RISA	+Ble	0		DISTB	Veb
COMPLEI	17. FATHER'S NAME (First, Middle, Last)	2			18. MOTHER'S NA	ME (First, Middle 1		
-	(spare)	IEE			4	L1C		20 /
20	19a. INFORMANT'S NAME (Type/Print)	1770						BSON
2	T. (S. L.		196. MAILING ADD	RESS (Street er	d Number or Rural I	Soute Number, City	of Town, State, Zip Co	222/2. (900
	ERNEST STUP	150	841	7 KA	-VANP	ugh K	d 150	Ito Ma
	20a. NSTROO OF DISPOSITION 1 Burial 2 Cremation 3 Removal from S		E AND DATE OF DIS		ne of 4	DATE 2	Oc. LOCATION - CIT	y or Town, State
	4 Donation 5 Other (Specify)	oomotory, c	rematory or other p	Awn	(Clay		BA/F	Macundo
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	-	I		D ADDRESS OF FA	CILITY		- 6
	1////	/,		Fose	Ph N	ZAN	NINO -	R. Plevepor
	· CMILI)	urnen	-		5. Con			to. HR 21224
	23. PART i. Enter the diseeses or complication	one thet coused the c	death. Do not e	nter the mod	le of dying, auci	n ae cardiac pr	respiretory arrea	t, Approximate
- 1	ahock, or heart fallure List only o	ne cause on each lir	10.					Interval Between
ł	IMMEDIATE CAUSE (Finel disease or condition	C						Onset and Death
ļ	resulting in death) a					3days		
	disease or condition resulting in death) a. Sepsis Due to (or as a consequence of):							
	Promocoual prevmonia							
	Sequentielly liet conditions, if any, leading to immediate	DUE TO (OR AS A CONS	EOUENCE OF):					
§	cause. Enter UNDERLYING							
	CAUSE (Disease or Injury that initieted events	DUE TO (OR AS A CONS	EQUENCE OF):					
Ē	reaulting in death) LAST							
3	d							
	PART ii. Other significant conditions contribu	iting to deeth but not	resulting in the	e underlying	cause given in	Part I. 24a. W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
ا ي								
3						P	ERFORMED?	AVAILABLE PRIOR TO
					20,200,02.30	P	ERFORMED?	
						P	. 9	AVAILABLE PRIOR TO COMPLETION DF CAUSE
	DID TOBACCO USE CONTRIBUTE T	O CAUSE OF DE	ATH YES [□ NO ¤	UNCERTAIN	1 \	. 9	AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
	DID TOBACCO USE CONTRIBUTE T	26. PL/	ATH YES [1 \	. 9	AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
	DID TOBACCO USE CONTRIBUTE T 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPIT	26. PL/	CE OF DEATH (C/	heck only one) HER:	UNCERTAIN	1 0 V	VES 2 NO	AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
I SICIAN. MEDICAL	DID TOBACCO USE CONTRIBUTE T 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	26. PL/ FAL: lent: 2 - ER/Outpetient	ACE OF DEATH (C/ 3 DOA 4	heck only one) HER: Nursing Home	UNCERTAIN 5 - Residence	1 D	res 2 V NO	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
E	DID TOBACCO USE CONTRIBUTE T 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPIT 1 Vinpett 27. MANNER OF DEATH 288. 1	26. PL/	3 DOA 4 28b. TIME OF INJURY	HER: Nursing Home 28c. INJU WOF	UNCERTAIN 5 — Residence RRY AT	1 D	VES 2 NO	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
E	DID TOBACCO USE CONTRIBUTE T 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Vinpets 27. MANNER OF DEATH Netural 5 Pending Accident Investigation	26. PL/ FAL: lant 2 ER/Outpetient DATE OF INJURY Month, Day, Year)	3 DOA 4 28b. TIME OF INJURY	HER: Nursing Home 28c. INJU WOF	UNCERTAIN 5	1 D	res 2 V NO	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
	DID TOBACCO USE CONTRIBUTE T 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	26. PL/ FAL: lant 2 ER/Outpetient DATE OF INJURY	3 DOA 4 28b. TIME OF INJURY	HER: Nursing Home 28c. INJU WOF	UNCERTAIN 5 — Residence RRY AT	8 Other (Specific 28d, DESCRIBE 28f, LOCATION (YES 2 NO	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
	DID TOBACCO USE CONTRIBUTE T 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	26. PLJ FAL: lent 2 = ER/Outpetient DATE OF INJURY Month, Day, Year) PLACE OF INJURY — At P	3 DOA 4 28b. TIME OF INJURY	HER: Nursing Home 28c. INJU WOF	UNCERTAIN 5 — Residence RRY AT	8 Other (Specific 28d, DESCRIBE	YES 2 NO	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
	DID TOBACCO USE CONTRIBUTE T 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	28. PLJ FAL: lant 2 = ER/Outpetlent DATE OF INJURY Month, Day, Year) PLACE OF INJURY — At In building, atc. (Specify)	ACE OF DEATH (CI 3 DOA 4 DOA 28b. TIME OF INJURY	heck only one) HER: Nursing Home 28c. INJU WOF 1	UNCERTAIN 5	8 Other (Specific Specific HOW INJURY OCCUP Street and Number or	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED	
	DID TOBACCO USE CONTRIBUTE T 25. WAS CASE REFERRED TO MEDICAL EXAMINERT 1 VES 2 NO 1 Inpett 27. MANNER OF DEATH 28. [6] 2 Accidem Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the	28. PLJ FAL: lant 2 ER/Outpetient DATE OF INJURY Month, Day, Year) PLACE OF INJURY — At In building, atc. (Specify) b best of my knowledge, of	ACE OF DEATH (C/ 3 DOA 4 DOA	heck only one) HER: Nursing Home 28c. INJU WOR M 1 YI , factory, office	UNCERTAIN 5	8 Other (Specific Specific HOW INJURY OCCUP State)	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO NED Rural Route Number,	
	DID TOBACCO USE CONTRIBUTE T 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the	28. PLJ FAL: lant 2 ER/Outpetient DATE OF INJURY Month, Day, Year) PLACE OF INJURY — At I building, stc. (Specify) b best of my knowledge, of	ACE OF DEATH (C/ 3 DOA 4 DOA	heck only one) HER: Nursing Home 28c. INJU WOR M 1 YI , factory, office	UNCERTAIN 5	8 Other (Specific Specific HOW INJURY OCCUP Street and Number or State)	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO NED Rural Route Number,	
	DID TOBACCO USE CONTRIBUTE T 25. WAS CASE REFERRED TO MEDICAL EXAMINERT 1 VES 2 NO 1 Inpett 27. MANNER OF DEATH 28. [6] 2 Accidem Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the	28. PLJ FAL: lant 2 ER/Outpetient DATE OF INJURY Month, Day, Year) PLACE OF INJURY — At I building, stc. (Specify) b best of my knowledge, of	ACE OF DEATH (C/ 3 DOA 4 DOA	heck only one) HER: Nursing Home 28c. INJU WOR M 1 YI , factory, office	UNCERTAIN 5	8 Other (Specific Specific HOW INJURY OCCUP Street and Number or State) Ind menner ee stated, Inc., and due to the c	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO NED Rural Route Number,	
	DID TOBACCO USE CONTRIBUTE T 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpett 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	28. PLJ FAL: lant 2 ER/Outpetient DATE OF INJURY Month, Day, Year) PLACE OF INJURY — At I building, stc. (Specify) b best of my knowledge, of	ACE OF DEATH (C/ 3 DOA 4 DOA	heck only one) HER: Nursing Home 28c. INJU WOR M 1 YI , factory, office	UNCERTAIN 5 Residence RRY AT RK? ES 2 NO and placa, and due ath occured at the 29c. LICENSE NUM	8 Other (Specific Specific HOW INJURY OCCUP Street and Number or State) Ind menner ee stated, Inc., and due to the c	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,	
	DID TOBACCO USE CONTRIBUTE T 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	28. PLJ FAL: lant 2 ER/Outpetlent DATE OF INJURY Month, Day, Year) PLACE OF INJURY — At In building, atc. (Specify) b best of my knowledge, of asia of axemination and/or	ACE OF DEATH (C/ 3 DOA 4 DOA	heck only one) HER: Nursing Home 28c. INJU WOF 1	UNCERTAIN 5 Residence RRY AT IK? ES 2 NO	8 Other (Specific Specific HOW INJURY OCCUP Street and Number or State) Ind menner ee stated, Inc., and due to the c	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,	
	DID TOBACCO USE CONTRIBUTE T 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpet 27. MANNER OF DEATH 28. [6] 2 Accidem Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bit 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CDMPLET	28. PLJ FAL: lant 2 = ER/Outpetient DATE OF INJURY Month, Day, Year) PLACE OF INJURY — At Pouliding, atc. (Specify) b best of my knowledge, of aala of axemination and/outpetics.	ACE OF DEATH (C/I 3 DOA 4 D 28b. TIME OF INJURY nome, farm, street, death occurred at a Investigation, in	heck only one) HER: Nursing Homs	UNCERTAIN 5 Residence FRY AT IK? ES 2 NO and placa, and due ath occured at the 29c. LICENSE NUM G 5 DD	8 Other (Specific Specific HOW INJURY OCCUP Street and Number or State) Ind menner ee stated, Inc., and due to the c	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,	
	DID TOBACCO USE CONTRIBUTE T 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1	28. PLJ FAL: lant 2 = ER/Outpetient DATE OF INJURY Month, Day, Year) PLACE OF INJURY — At r building, stc. (Specify) be best of my knowledge, of asia of axemination and/outpeties ED CAUSE OF DEATH (IT	ACE OF DEATH (C/ 3 DOA 4 DOA	heck only one) HER: Nursing Homs	UNCERTAIN 5 Residence RRY AT RC? ES 2 NO and placa, and due ath occured at the 29c. LICENSE NUM	8 Other (Specific Specific HOW INJURY OCCUP Street and Number or State) Ind menner ee stated, Inc., and due to the c	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,	
	DID TOBACCO USE CONTRIBUTE T 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1	28. PLJ FAL: lant 2 = ER/Outpetient DATE OF INJURY Month, Day, Year) PLACE OF INJURY — At Pouliding, atc. (Specify) b best of my knowledge, of aala of axemination and/outpetics.	ACE OF DEATH (C/I 3 DOA 4 D 28b. TIME OF INJURY nome, farm, street, death occurred at a Investigation, in	heck only one) HER: Nursing Homs	UNCERTAIN 5 Residence FRY AT IK? ES 2 NO and placa, and due ath occured at the 29c. LICENSE NUM G 5 DD	8 Other (Specific Specific HOW INJURY OCCUP Street and Number or State) Ind menner ee stated, Inc., and due to the c	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to the flow is the flower after death. Page 6 may be retained by the bund-transit permit. Pages 1, 2, 3 should be flower that this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bund, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR	CERTIFIC	CATE OF	DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) WILITAM R	AYMOND F	RUARK		2. DATE OF DE	TO AM	95 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE 2 6. AGE		IF UNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BH (Month, Day, 04/1/2	TH Year)	S. BIRTHPL	ACE (State or Foreign Maryland
OR	90. FACILITY NAME (If not institution, give street and number) 6000 SAMNE (7AN HOS (1	9b. CITY, TOWN OR LOCATION OF DEATH Baltimore City						
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		TOWN OR LOCAT					
L DIRECTOR	Maryland Baltimore			Par	kville		1	LIMITS?
FUNERAL	1711 Redwood Ave				1234	Un:	ited S	tates
BY FU	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR C	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2 NO Specify: 12. RACE Black, Specify					American Indien, white, etc. White	
15. DECEOENT'S EDUCATION 160. OECEOENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY								
COMPLETED	(Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5 +)	Give kind of wo life. Do NOT use Service	,					
0 0	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle,	Meiden Surneme)		
BE C	William A. R		_	Anr		isterer		
٤	190. INFORMANT'S NAME (Type/Print) Margaret C. Ruark	1711	Redwood	d Avenue		or Town, State, Zi		21234
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from Stata 4 Donation 5 Other (Specify)	D. PLACE AND DATE OF The terry or other Parkwood	DISPOSITION (Na	eme of	DATE	Baltim	- City or Town	
		(nitht Jr	-	ND ADDRESS OF FA				
	Milton Knight	L.	5305	Harford	Road Ba		, Md.	21214
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between							
	IMMEDIATE CAUSE (Finel							Onset and Death
	reaulting in desth) e. KENATON EA CONSEQUENCE OF:							
N	Sequentially list conditions, PULMONARY EDEMA							
ATIC	If any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF):						
CERTIFICATION	that himated eveling	A CONSEQUENCE OF):						
ER	resulting in death) LAST							
	PART II. Other significent conditions contributing to deeth t	out not resulting in	the underlying	g cause given in	Part I. 24a. 1	MAS AN AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
DICAL	SEVERE CHRONIC OFSTRU	CTIVE PULL	MONARY	DISEA	Gen 1	YES 2 NO	C	MILABLE PRIOR TO OMPLETION OF CAUSE
MEC	ANTERIOSCIENCTIC CAPADIO	VASCULAR D	MISEASE		_ '	120 2 25 110		DEATH?
PHYSICIAN:								
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PL OTHER:	LACE OF DEATH (Ch	eck only one)			
14.8	1 YES 2 NO 1 Inpetient 2 ER/Out 27. MANNER OF OEATH 266. DATE OF INJURY	patient 3 DOA 4		ne 5 🗆 Residence				
	1 Natural 5 Pending (Month, Day, Year)	INJUI	RY WO	URY AT DRK? YES 2 NO	26d. OEŞCRIBE	HOW INJURY OC	CUREO	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined Determined	f — At home, ferm, atricify)	eet, factory, offic		281. LOCATION City or Town	(Street end Numbern, State)	or Rural Rou	e Number,
	29e. CERTIFIER							
COMPL	(Check only one) 2 MEDICAL EXAMINER: On the basis of exemination							nd manner es atated.
BE C	29b. SIGNATURE AND TIME OF CERTIFIER			29c. LICENSE NUI		29d. DA	re signeo in	orth, Day. Year)
2	30. NAME AND ADDITISS OF PERSON WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P	rint)	606.		19	107/	15
	ANIN SANICO, M.S.	6001	SAMAI	RITAN H	OSPITA	- 1		
	31. DATE FILED (Month, Day, Year) JAN 0 9 1995	CALLE.						

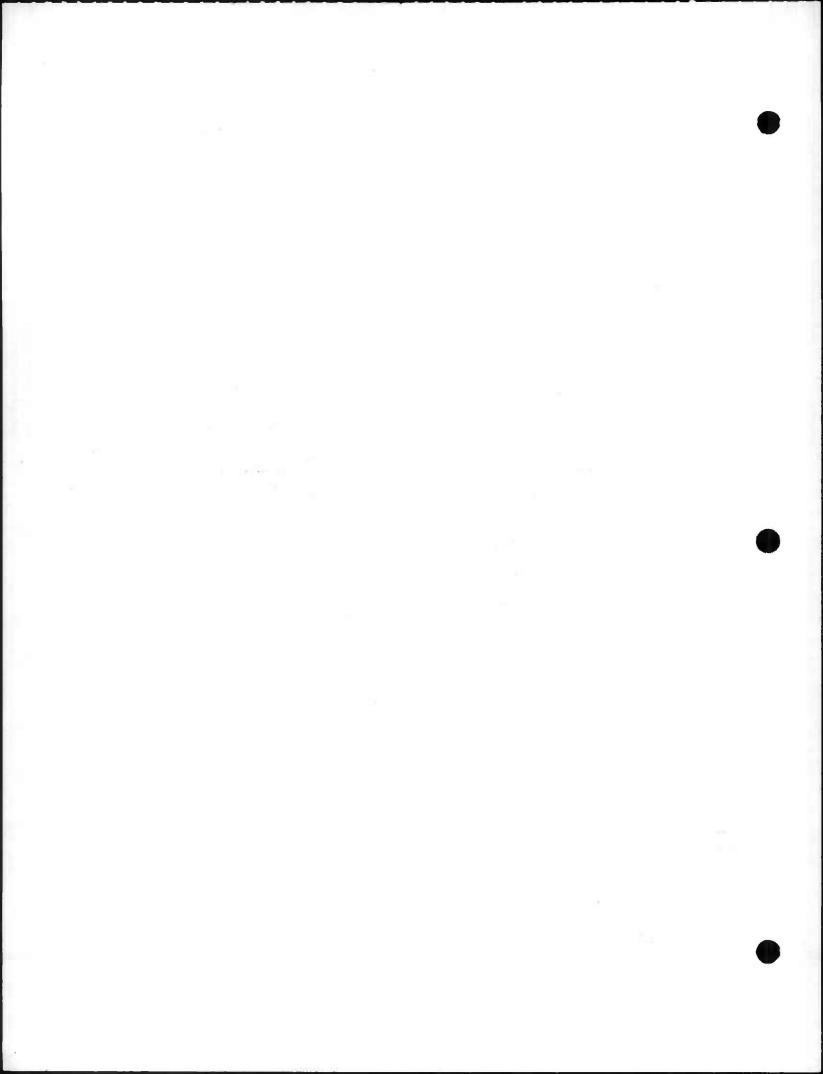
JAN 0 9 1995 July September 18 18

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be call with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FLANT OTHER HOSPITAL After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 25 hours after Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT II are 3s in marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE

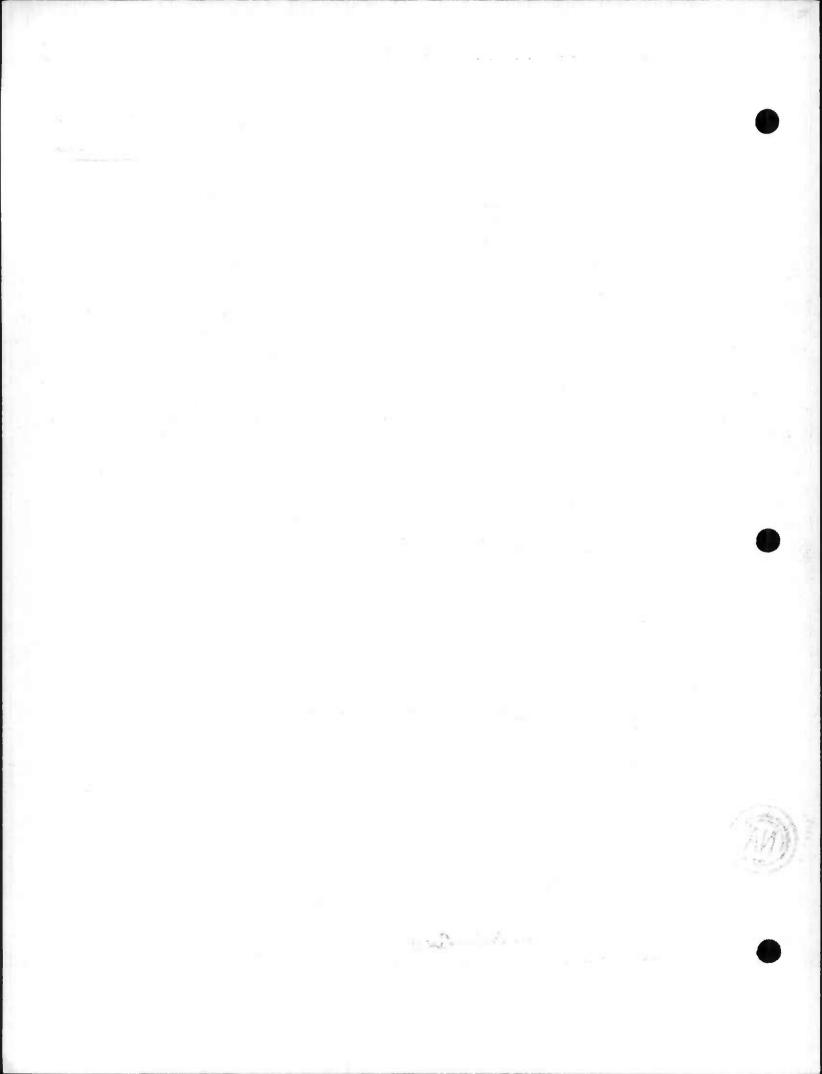
	REGISTRAR		CERT	IFICATE	OF DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O				3. TIME OF DE	ATN
	ERNEST S. SIMMO	INS				JANUA	RY 3,		YEAR	2:30	Рм
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birtho	day) IF UNDER t	YEAR IF UNDER 24 HRS.	7. DATE OF		199.	e BIRTH	DI ACE (Class or	Complete
	246-52-7684	1)(X) M 2 □ F	61 YF	S. MONTHS	DAYS HOURS MIN.		28, 19	333	Country N.	CAROLI	NΙΔ
	9a. FACILITY NAME (If not institution, give s	street and number)		96 CITY T	OWN OR LOCATION OF S				ITY OF D	CAROLI	INA
œ	THE JOHNS HODKING		ZCAIII		Sc. COUR						
61	THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY n/a										
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CI	TY		
5	MARYLAND	n/a		BALT	IMORE				- 1	XX YES 2	7 110
	10e. STREET AND NUMBER	,			101. ZIP CODE			10a CITII		HAT COUNTRY	
2	514 N. ST	TRICKER S	TREET		21217			UNI			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV		12 14	S DECENDENT OF HISPA	Aug onionis				STAT	
	1VV Never Married 2 Married FORCES? 1 YES 2			2 X NO II yes, specify Cuban, Maxican,			an, etc.)	or No	Black	- American In , White, etc.	dian,
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR (OR DATES	1 [YES 2 NO Spec	ffy:			Speck	" BLAC	<
	15. DECEDENT'S EDU		16a, DECEDE	IT'S USUAL OCC	IPATION	16h K	IND OF BUS	INESS/IND	LIETDY		
	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind	d of work done dur OT use retired.)	ing most of working	100.10	0. 000	IIIL 337 IIID	o a i i i i		
P	8 TH	College (1-4 or 5+)	LAB	ORER			n/	'a			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S N	AME /First Min	dla Maidan i	Promonal .			
	ALEXANDER	SIMMONS			LEOLA	MITC		surname)			
H	19a. INFORMANT'S NAME (Type/Print)	0111110110	105 MAI	ING ADDRESS (Street and Number or Rural			Or 1 711	0.11		
2	JOYCE BARN	IFS	P.0							٨	
	20a. METHOD OF DISPOSITION	123	20b. PLACE AND DA		98, TEAC						
	VXBuriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from Stata	cemetery, crematory	or other place	CTCDV	1-10		ATION - C			ND
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	MI. Z1		LILKY		LAN	ISDOM	WE,	MARYLA	ND
	0 0 0	21.11									
	Tel U.	solla	ne	WM	. C. MARCH	FH1	101	E. N	ORTH	AVE	NUE
	23. PART i. Enter the diseases, or	complicatione that ca	used the death. I	o not entar th	e mode of dying, au	ch aa cardla	c or respir	ratory arre	est,	Approxi	mate
	ehock, or heart feilure. iMMEDIATE CAUSE (Finel	List only one ceuse of	on each line.								Between nd Death
	disease or condition								10		
ı	resulting in daeth)	DUE TO (OR	AS A CONSEQUENCE	E OF):	u.C					المال	ceks
-		SANSIS	3							3	roles
₫	Sequentially list conditions, out to immediate b. SCDSIS Out to conditions, out to immediate										
N N	couse. Enter UNDERLYING										
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEQUENC	E OF):	20.011.01)				1 000	-66
CERTIFICATION	resulting in death) LAST	a Conses	tive H	cost	Forline					5yc	0.55
										1 1	
EDICAL	PART II. Other significent condition		th but not resulti	ng in tha unde	riying cause given ir	Part i. 2	PERFOR		24b.	WERE AUTOPSY AVAILABLE PRICE	
음	Diabetes	mellitis				1	YES 2	DONO		COMPLETION OF DEATH?	
ME	Peripheral	Vascules	- Disco	se.						1 - YES 20	NO
ž	DID TOBACCO USE CONT	RIBUTE TO CAUS	E OF DEATH	YES NO	UNCERTAI	IN M				/	•
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF	DEATH (Check onl	y one)						
S	1 TES 2 NO	HOSPITAL: 1) Inpetient 2 - ER/	Outpatient 3 DO	OTHER:	g Home 5 - Residence	8 Other (S	Specify)				
È I	27. MANNER OF DEATH	26s. DATE OF INJU		TIME OF 28	c. INJURY AT		IBE HOW IN	JURY OCC	URED		
ВУР	1 Natural 5 Pending	(Month, Day, Ye	ear)	INJURY M	WORK?						
9	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF IN.	JURY — At home, te	rm, street, factory	, office	26f. LOCATI	ON (Street m	nd Number	or Rural R	oute Number,	
ы	4 Homicide datarmined	building, atc.	(Specify)			City or	Town, State)				
E E	29a. CERTIFIER CERTIFUNG BUYON	CIAN. To the best of sec.			WELLIN THE			171			
æ 11		ICIAN: To the best of my i								50 X (10 Sec. 1)	
8		ER: On the basis of examin		padon, ni my opir			o piaca, and				
B	296. BIGHATURE AND TITLE OF CERTIFIED				29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Yea	r)
힏	SOTAMAN	an oto			m620	3			1/3	195	
- 1	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF			.1						
	J.S. YAMAMOT	omp)	ohns Ho	pkins	Hospital	Bo	Him	910	m	0 212	287
	31. DATE FILED (Manth, Day 1995	32. SEGISTHAR'S	MANGEL		6						



BALTIMORE, MARYLAND 21215-0020

ON OF VITAL RECORDS, P.O. BOX 68769

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)	okland Star	k .	SV.	إبنير	DATE OF DEATH MONTH DAY	7 198	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 219-10-9635	5. SEX 6. AGE (In yrs. lest		UNDER 1 YEAR IF UNDER 24 ITHS DAYS HOUSE	MIN.	DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) New York	
e e	9a. FACILITY NAME (If not institution, give structured on the structured of the stru		9b.	Baltimore	OF DEATH		9c. COUNTY	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY		
	Maryland Balt	imore	Lutherville/Timonium			ium	LIMITS? 1 ☐ YES 2 ☒ NO 10g. CITIZEN OF WHAT COUNTRY?		
ERA	36 Othoridge Roa	d		21093			USA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARN FORCES? XX YES 2 NO	ARMED 13, WAS DECENDENT OF HISPANIC ORIGIN? (Specify)						
BY	1 Never Married 2 Married 3 Nidowed 4 Divorced	IF YES, GIVE WAR OR DATES WWII	1 WES 2XX NO Specify:				Spec/ly: White		
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	completed) (Giv	ia. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			INESS/INDUST	RY		
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	Civil Engineer			Eng	ineeri	ng Firm_	
000	17. FATHER'S NAME (First, Middle, Last)		1110		R'S NAME (First, Middle, Malden S		IIQ I I I III	
BE	Charles A. Stark				leo He			-	
2	19a. INFORMANT'S NAME (Typo/Print) Erma A. Stark			ORESS (Street and Number of					
	20a. METHOD OF DISPOSITION	20h. PLACE A		SPOSITION (Name of	Luther		nium. V	laryland 21093	
Î	Burial 2 Cremation 3 Remo	Dulanev	Valley	Memorial Gard	ens 1	/11 Luthe	rville.	Maryland	
	21. SIGNATURE OF FUNERAL BEHNICE LICE	HSEE /		22, NAME AND ADDRESS	OF FACILIT	chell-Wie			
3	Dennis Hes	Kenk Enaku		6500 York	Road	Baltimor	e. Mar	vland 21212	
	23. PART I. Enter the disesses/or contains the contained of the contained	let offly one couse on each line. Butter H	is	ymple	g, such ss	cardisc or respir	atory srrest,	Approximets interval Between Onset and Death	
Z	DUE TO (OR AS A CONSEQUENCE OF):								
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST								
AL CI	PART ii. Other algnificent conditions	contributing to death but not re	sulting in th	ne underlying ceuse giv	ven in Part	i, 24a, WAS AN A	UTOPSY	24b. WERE AUTOPSY FINDINGS	
MEDICA						PERFORI	1	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
W	DID_TOBACCO_USE_C	ONTRIBUTE TO CAUS	E OF D	SEATH VES CT	NO [٦		1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEA		only one)			
YSI	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4	HER: Nursing Home 5 Resi	dence 6 🗆	Other (Specify)			
ВУ РН	27. MANNER OF DEATH Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M t YES 2		I. DEȘCRIBE HOW IN	JURY OCCURE	ED	
ETED	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — At hon building, atc. (Specify)	ne, Jarm, street	treet, lactory, office 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			tural Route Number,		
COMPLE	one)	IAN: To the best of my knowledge, das I: On the besis of examination and/or in						use(a) and manner as stated.	
BE	201 SIGNATURE AND TITLE OF CENTIFIER			29c. LICEN	SE NUMBER		29d. DATE SIG	GNED (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Prin	"Coverne	Sa	y Bo	Uto	MA	
	JAN 0 9 1985	12. REGISTRAR'S SIGNATURE	1		- 4				



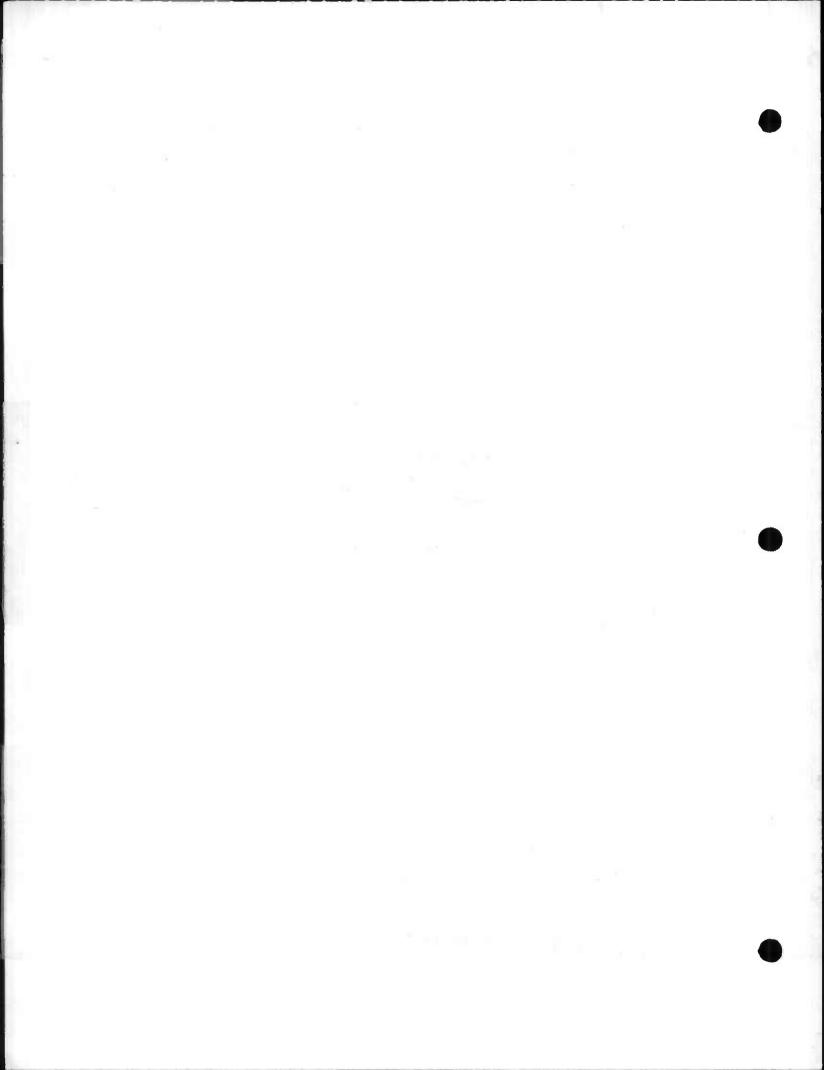
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit p nn. or removal.	e medical examinar must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HIGH TIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE THE FALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit page. The burial-transit page 12 shours after death with the State Oper. of Health and Mental Motion prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 Is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

IAN 0 9 1995

ermit. Pages 1. 2. 3 should

4. SOCIAL SECURITY NUMBER 2 2 0 09 2609 1	y Co NSIDE CITY IMITS? YES 2 \(\text{NO} \) NO							
4. SOCIAL SECURITY NUMBER 220 09 2609 1	y Co NSIDE CITY IMITS? YES 2 NO							
4. SOCIAL SECURITY NUMBER 220 09 2609 1	y Co NSIDE CITY IMITS? YES 2 \(\text{NO} \) NO							
8708 First Avenue #712 Silver Spring Montgomer RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Maryland Montgomery 10c. CITY, TOWN OR LOCATION Silver Spring 10c. STREET AND NUMBER 8708 First Avenue #712 10e. STREET AND NUMBER 8708 First Avenue #712 11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 3 Married 1 Never Married 3 Never Married 1 Never Married 3 Never Married 1 Never Married 3 Never Married 1 Never Married 3 Never Married 1 Never Married 5 Never Married 1 Never Married 5 Never Married 1 Never Married 7 Never Married 1 Never Married 8 Never Married 8 Never Married 1 Never Married 9 Never Married 9 Never Married 1 Never Married 9 Never Married 9 Never Married 1 Never Married 9 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 2 Never Married 1 Never Married 1 Never Married 2 Never Married 1 Never Married 1 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 3 Never Married 3 Never Married 1 Never Married 1 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 3 Never Married 3 Never Married 3 Never Married 3 Never Married 3 Never Married 4 Never Married 4 Never Married 5 Never Married 5 Never Married 8 Nev	NSIDE CITY IMITS? YES 2 NO							
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:	IMITS? YES 2 NO							
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:								
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:								
	erican Indian, , atc. White							
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 18a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname)								
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
4 Donation 5 Other (Specify) in State removal	1 Burial 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) in State removal							
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Danald Nade Dir 655W. Baltimore St, Balto, MD212								
23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart feliure. List only one cause on each line.	Approximate nterval Batween Onset and Death							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PERFORMED? 1 YES 2 NO COMPLETION OF CAUSE OF DEATH?								
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN D								
PART II. Uthar significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DESCRIBE FOR TO MEDICAL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 POSPITAL: 1 Inpellant 2 ER/Outpellant 3 DOA 4 Nursing Home 5 Readdence 6 Other (Specify) 27. MANNER OF DEATH 280. OATE OF INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO								
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DESCRIPTION OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINED. 1 VES 2 NO THER: 1 Input of Death 1 Input of Dea	nber,							
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DESCRIPTION OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINED. 1 VES 2 NO THER: 1 Input of Death 1 Input of Dea								
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. PLACE OF OEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	anner as stated,							



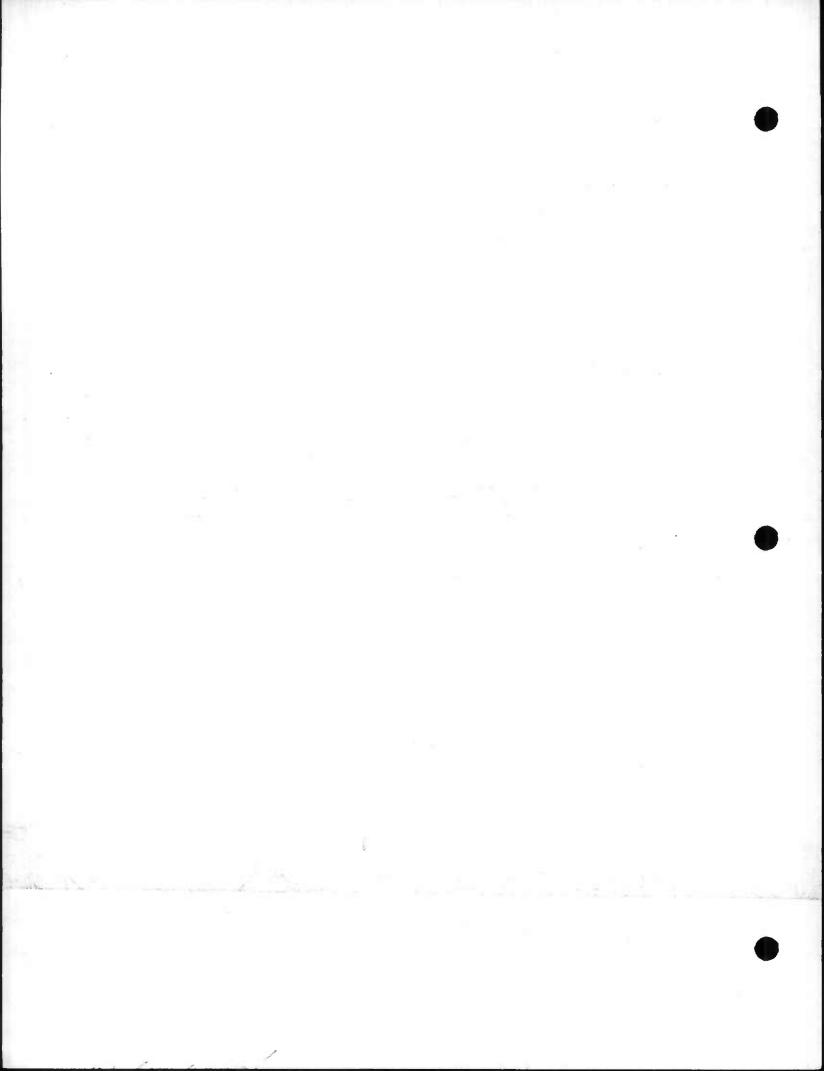
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DIVISION OF VITAL RECORDS, P.O.

BALTIMORE, MARYLAND 21215-0020	ar death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	val.	i examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL IN PROPERTY TO THE HIGHER THE BAY Equipment of the hospital or attending physician.	INFRAL DIRECTOR: Aner this	be filed within 72 than a lighter than the state these of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il inter 26 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

	1 - STATE REGISTRAR CERTIFICATE O	F DEATH	REG. NO.						
- 8	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH		3. TIME OF DEATH				
	BARBARA HISMITH		MONTH DA	. /	R				
- 0	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign				
- 3	2/6529880 1 M 2 PF US YRS. MONTHS DAY		(Month, Day, Year)	Co	untry)				
			2-21-194	-	Ma				
~		N OR LOCATION OF O		9c. COUNTY O					
0		ZTIMORE		BAZ	TIMORE				
DIRECTOR	RESIDENCE OF DECEDENT								
R	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?				
	Ma Balto)			1 YES 2 NO				
A	10a. STREET AND NUMBER	10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?				
FUNERAL	210 N. Ub. Chinatin	21231	/	U	· C.A				
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED 13. WAS 1	ECENDENT OF HISPAI	HC ORIGIN? (Specify Yes	or No.— 14. B/	ACE — American Indian,				
	1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes,	specify Cuban, Mexica	n, Puarto Rican, atc.)	B(lack, White, etc.				
B≺	3 Wildowed 4 Divorced	'ES 2 NO Specif	γ:	Sk	Black				
	15. DECEDENT'S EDUCATION 180. DECEDENT'S USUAL OCCUP.	ATION	16b. KIND OF BUS	INESS/INDIGETED					
E.	(Specify only highest grade completed) (Give kind of work done during	most of working							
7	Elementary/Secondary (0-12) College (1-4 or 5+) Unknown								
COMPLETED				<u>-</u> -					
8	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)					
8	John Edward Christian	Jeu	n Jot	Insun					
2	190. INFORMANT'S NAME (Type/Print) 19b. MAILING AGORESS (Street)	et end Number of Rural	Ploute Number, City or Town	, State, Zip Code)	,				
-	Roslun Dydnor 5013 Mid	wood K	fre Da	HO, red	21212				
- 1	20e_METHOD OF DISPOSITION 1 © Burlal 2 □ Cremetion 3 □ Removal from State 20b_RLACE AND DATE OF DISPOSITION 1 © Burlal 2 □ Cremetion 3 □ Removal from State	(Name of		ATION — City or	Town, State				
	1 (2. Burisi 2 - Cremetton 3 - Removal from State Cemethy, cremethy, cremethy, or other place)	Quoter	110/95 13	140 Md	7				
		ANO ADDRESS OF FA	CILITY	110,000					
	Altima H. Thomas T Ma	11h F. F	t. Wast		4213				
	Jame H. Shimpson Je Ma	430	10 Wat	ash	Ave Battond				
	23. PART I the diseases, or complications that caused the death. Do not anter the	moda of dylng, suc	h as cardiac or reapir	atory srrest,	Approximate				
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final				Interval Between Onset and Death				
- 1	disease or dondition								
- 1	resulting (n/death) DUE TO (OR AS A CONSEQUENCE OF):								
_	FUL MINANT PANCREATITIS								
CERTIFICATION	Sequentially list conditions,	17///							
F	If sny, leading to immediata cause. Enter UNDERLYING								
유	CAUSE (Disesse or injury C.								
Ē	that initiated eventa resulting in death) LAST								
点	d								
- 1	PART II. Other significant conditions contributing to death but not resulting in the underly	ring causa given in	Part I. 24a, WAS AN	AUTOPSY 2	46. WERE AUTOPSY FINDINGS				
DICAL			PERFORI	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
			1 YES 2	□ NO	OF DEATH?				
ME					1 YES 2 NO				
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO	☑ UNCERTAII	1 🗆						
5	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only o	ne)							
ŝ	TOST TIAL.	ome 5 - Residence	6 Other (Specify)						
Ξl	27. MANNER OF DEATH 28s. OATE OF INJURY 26b. TIME OF 28c.	INJURY AT	28d. OEŞCRIBE HOW IN	JURY OCCURED					
2	1 Metural 5 Pending (Month, Day, Year) INJURY 1 Another Investigation	WORK? YES 2 NO							
m	2 Accident Investigation 28e PLACE OF IN HIPV At home form steed feature of		26f. LOCATION (Street or	nd Number or Rus	al Boute Number				
B	4 Homicide determined		City or Town, State)	na realization of realization	ar riodio riomosi,				
Ti-	AA. CERTICIPA								
집	29e. CERTIFIER (Check only 1 K CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, d								
COMPLETED BY PHYSICIAN:	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion	, death occured at the	time, date end place, and	due to the caus	e(s) end manner es atated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUI	ABER T	29d, DATE SIGN	ED (Month, Day, Year)				
₩.	Misorian M. FURIANO, MO	P67							
၉	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	, ,,,		- 0/	04,95				
		1 11-11-	Ra-	m -4	215-0				
	31. DATE FILEO (MOTH). DO SOOT LO GH RAVEN	DEVD	DAZT/MARE	-, MO	41239				
- 1	IAN 0 9 1995 July 10 15 15 15 15 15 15 15 15 15 15 15 15 15								

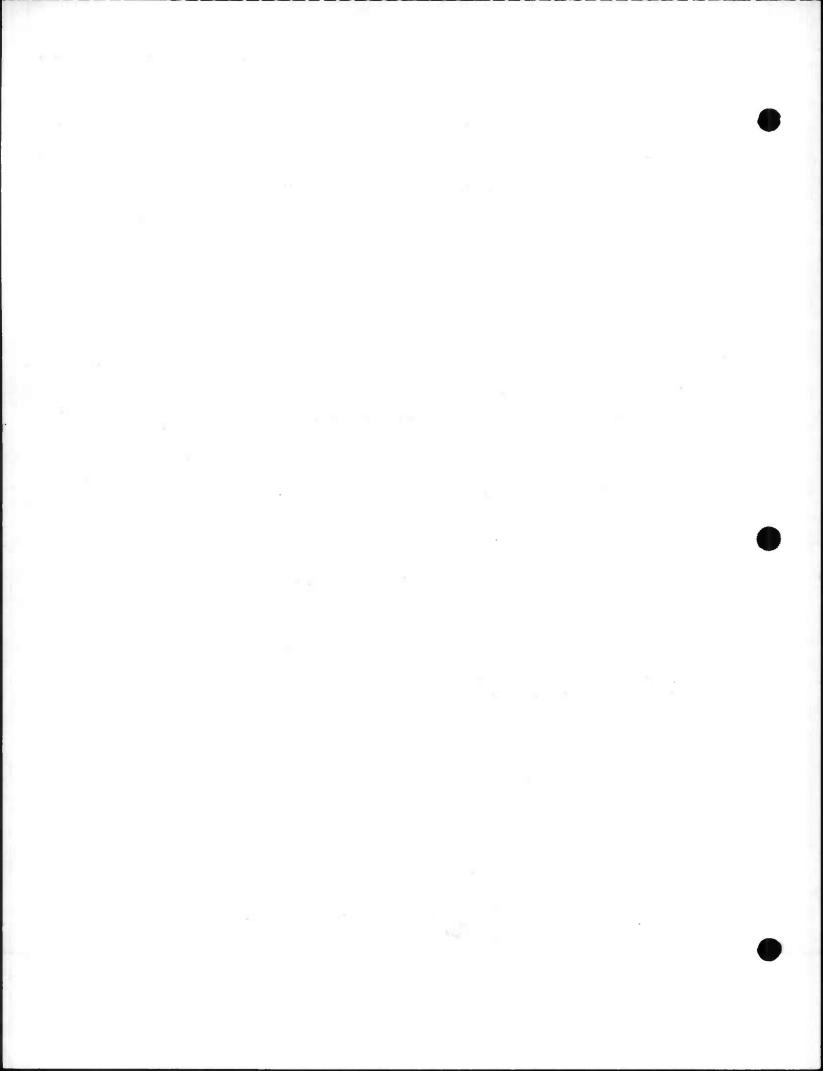


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TO BE COMPLET	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: Librar 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e funeral director, page 5 should be detached for ut.	TO THE FUNERAL DIFFERIOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the find within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remonal, therefore 5 should be detached for its financial state.
death, Page 6 may be retained by the hospital or	TO THE HOSPING OR ATTAINING PHYSICIAN: The law requires that the death cardificate be executed within 24 hours after death. Page 6 may be retained by the hospital or
DOLL MANICALLA A	

FOR STATE REGISTRAR		STATE OF MARYLA	AND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
ECEDENT'S NAME	(First, Middle, Last)			2. DATE OF DEATH	
11ian	Single	CMTTH		MONTH DAY	YEAR

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF				3. TIME OF DEATH
	Lillian S	ingle	SM	TH						Januar	T 7	9	1995	10:45 PM
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	WETH		S. BIRTHP	LACE (State or Foreign
	215-40-4812	2	1 M 2 X F	81	YRS.	IONTHS	DAYS	HOURS	MIN.	Mar.	8 . 1	913	Country)	Maryland
	9e. FACILITY NAME (If not in		,		- 1	9b. CITY,	TOWN	OR LOCATI	ON OF DE		-, .		NTY OF DE	
S S	Frankli	n Squar	re Hospit	cal			R	Rossv	ille			Rol+	imoro	County
اق	RESIDENCE OF DEC											рать	Imore	County
FUNERAL DIRECTOR	Maryland	10b. COUNTY	Baltimor	`e	t0c. CITY,	TOWN O	R LOCA		edal	е				IOd. INSIDE CITY LIMITS? I YES 2 X NO
AL	10e. STREET AND NUMBER						10	r. ZIP COD	E			10g. CIT		AT COUNTRY?
EB		6304 N	Magdolena	Road					212	37		Ur	nited	States
	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR		13. V	MAS DEC	CENDENT C	F HISPAN	NIC ORIGIN? (S	pecify Yes	or No-	14. RACE -	- American Indian, White, etc.
B	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE W					2 X NO			1, 410.)		Specify	
	15. DEC (Specify onl)	EDENT'S EDUC	ATION completed)	16e. DE:	CEDENT'S US	SUAL OC	CUPATI	ON ast of working	na .	16b, KIN	D OF BUS	INESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0	0-12)	Cotlege (1-4 or 5 d	life.	Homema	retired.)								
S	17. FATHER'S NAME (First, M	liddle, Last)						16. MOTI	HER'S NA	ME (First, Midd	e, Malden	Sumame)		
BEO		Wil	liam Gri	ffin						rginia				
<u>ရ</u>	William S:		III						or Rural I	Route Number, (Ity or Town			04006
-	WITIIGH 3.		111			_	_	k Ter	. в	altimo				21206
	1 Burlel 2 X Cremetic 4 Donetion 5 Other	n 3 🗆 Remo	val from State	20b. PLACE A cemetery, cres Hill					. 1/	11/95		WSON -	City or Tow	Maryland
	21. SIGNATURE OF FUNERA	L SERVICE LICI	Milton		night Jr 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc.									
	· mul	ton	Kny	MIL.		5	305	Har	ford	Road	Bal	timo	re. M	d. 21214
	23. PART I. Enter the di shock, or h	iseases, or co	omplications the	caused the da	ath. Do not	t anter	tha mo	ode of dyl	ng, suc	h as cardiac	or reapl	ratory an	rest,	Approximata Interval Between
1	IMMEDIATE CAUSE (Fir				•									Onset and Death
	disease or condition resulting in death)	→ .	Hypovo											3 days
İ				or as a consecutic Brea										-
S	Sequantially list conditi	ions,		OR AS A CONSEQ		ance	r							5 years
Ē	If any, leading to imme- cause. Enter UNDERLY		DUE 10	OH AS A CONSEC	IUENCE OF):									
윤။	CAUSE (Disease or Inju		DUE TO	OR AS A CONSEQ	UENCE OF:									-
CERTIFICATION	resulting in death) LAS	T												
	DARTH ON THE		•											1
╡║	PART II. Other aignifica				eauiting in	tha uno	deriyin	g cauaa g	ivan in	Part I. 24s	PERFOR		1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
MEDICAL	Hypertensiv Congestive H			e						10	YES 2	NO NO		COMPLETION OF CAUSE OF DEATH?
- 11						37_				_			1	☐ YES 2 ☐ NO
PHYSICIAN:	DID TOBACCO U		IBUTE TO CA				_		ERTAIN	4 🗆				
<u> </u>	EXAMINER?		HOSPITAL:	26. PLACE	E OF DEATH	THER	:							
ξ	27. MANNER OF DEATH		28e. DATE OF		28b. TIME (_	IURY AT	sidence	8 Other (Sp				
		Pending	(Month, De		INJUR	M M	WC	YES 2	NO	28d. DEŞCRII	SE NOW IF	IJURY OC	CURED	
b BY	2 Sulalda	Investigation Could not be	28e. PLACE Of	F INJURY — At hor atc. (Specify)	ne, ferm, stre	et, facto			-	281. LOCATIO	N (Street e	nd Number	or Rural Ro	ite Number,
7		determined	building,	ites (opocny)						City or io	wn, State)			
7.1	29e: CERTIFIER 1 CERT	IFYING PHYSIC	TAN: To the best of	my knowledge, dea	th occurred	at the tir	ne, date	end place,	end due	to the cause(s	end men	ner as stat	led.	
														end menner ee stated.
3	296. SIGNATURE AND TITLE	OF CERTIFIER	1 0					29c. LICE	NSE NUM	ABER		29d. DAT	E SIGNED (A	Angth, Day, Year)
2	YVOKU	MVS	chlo	12 W	1	,							117	195
-	30. NAME AND ADDRESS OF												1	
	Martha Rums	chlag,	MD 900	0 Frankl	lin So	luar	e D	rive,	Ba	ltimor	e, Ma	aryla	and 2	1237
	JAN 0 9 199	35 Jul	divole	RIGHTUPE CONTRACTOR										



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTUR Attending the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours and the attending physician bring to burial, cremation, or removal.

IMPORTANT: If item 28 in the attending physician and Menial Hygiene prior to burial, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT OF H		MENTAL HYGIENI REG. NO.	E		
	1. DECEOENT'S NAME (First, Middle, Last) Russell Ear				2. DATE OF DEATH	95 YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 220-76-5015	5. SEX 6. AGE (In yrs. last. 1 M 2 F 77	YRS. IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) Aug. 21,1	8. BIRTI	PLACE (State or Foreign y) yland	
OR	9a. FACILITY NAME (If not institution, give street Northwest Hospit			allstown		sc. COUNTY OF D		
ן בַּ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCA	71011				
DIRECTOR		ltimore	Owings Mi				10d. INSIDE CITY LIMITS? 1 YES 2 XNO	
	10e. STREET AND NUMBER			. ZIP CODE		10g. CITIZEN OF 1		
E E	10009 Wood Key	Lane Apt.	4	2111	7	U.S.A	•	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 24 NO IF YES, GIVE WAR OR DATES	O If yes, sp	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:				
6	15. DECEDENT'S EDUCA (Specify only highest grade of		EDENT'S USUAL OCCUPATION IN INC.	ON ist of working	18b. KIND OF BUS	INESS/INDUSTRY		
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+)	Do NOT use retired.) Truck Driver	or or morning	Tr	udking		
BE CO	17. FATHER'S NAME (First, Middle, Last) Charles S.	Steger			ME (First, Middle, Maiden S y F. Deil	Sumame)		
TO B	19a. INFORMANT'S NAME (Type/Print) Clarence Trovin		MAILING ADDRESS (Street & 10009 Wood)				21117 ls, Md.	
	20a. METHOD OF DISPOSITION 1 Durist 2 Cremation 3 Hemon	20b. PLACE AP	ND DATE OF DISPOSITION (N	ome of	0ATE 20c LOC	CATION - CIty of To	State .	
	4 ☐ Donation 5 ☐ Other (Specify)	Holly	natory or other place) Hill Mem. G	ar. Jan.	9,1995 Ba	ltimore,	Md.	
	+ H.J. Ee	bland	Eckha	rdt Fune Charmil	ral Chapel Dr., Manci	hester.	Md. 21102	
	23. PART I. Enter the diseases, or co	omplications that caused the dea iat only ona cause on each line.					Approximata	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	OUE TO (OR AS A CONSEQU	n Frhilati	IN E CO	oronay aut	en dise	interval Batwean Onset and Death	
z		CONCO. Ti	Ve heart	Failer	u			
[일	If any, leading to immediate	OUE TO (OR A CONSEO	UENCE OF):) . '_	0			
[일	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSECU	Vasc- a	1 fear				
CERTIFICATION	that initiated events resulting in death) LAST	1/	eteusian					
	PART IL Other significant conditions	Contributing to death but not re		r cause given in	Part i. 24a. WAS AN	AUTOBOV 246	. WERE AUTOPSY FINDINGS	
CAL	Renalinsuff Bladde e	i On Ce	outing in the underlying	g cadaa giveii iii	PERFORI	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC	Bladde e	atrophy			1 YES 2		OF DEATH?	
2	DID TOBACCO USE C	ONTRIBUTE TO CAUS	E OF DEATH	ES NO			I D LES S D MO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ACE OF DEATH (Ch	eck only one)			
18V	1 Tes 2 DATO	1 Inpatient 2 (ER/Outpatient 3 [□ DOA 4 □ Nursing Horr	e 5 🗆 Residence	6 Other (Specify)			
E	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)		PRK?	28d. DESCRIBE HOW IN	NJURY OCCURED		
	2 Accident Investigation	28e. PLACE OF INJURY — At hom		YES 2 NO	281. LOCATION (Street a	nd Number of Burnl	South Musel	
8	4 Homicide 8 Could not be	building, etc. (Specify)	in the state of th	•	City or Town, State)	nd namber of nater i	Note Namber,	
COMPLETED		IAN: To the best of my knowledge, dest						
8		On the besis of examination and/or in	rvestigation, in my opinion, c	leath occured at the	time, date end pleca, and	d due to the ceuse(e) end manner ee stated.	
8	296. SIGNATURE AND TUTLE OF CERTIFIER	Ho.	0	29c. LICENSE NUI	ABER	29d. DATE SIGNED	(Month, Day, Year)	
욘	30. NAME AND ADDRESS OF PERIOD	HOLDER THE CHILDREN OF THE	IT) (Type, Print)	UZ TO	77	1-7	-/3	
		S. Dolfield Road						
	JAN 0 9 1995 July	Aliver Carlot					14.	

- T - T - T condition on W an gan gan

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

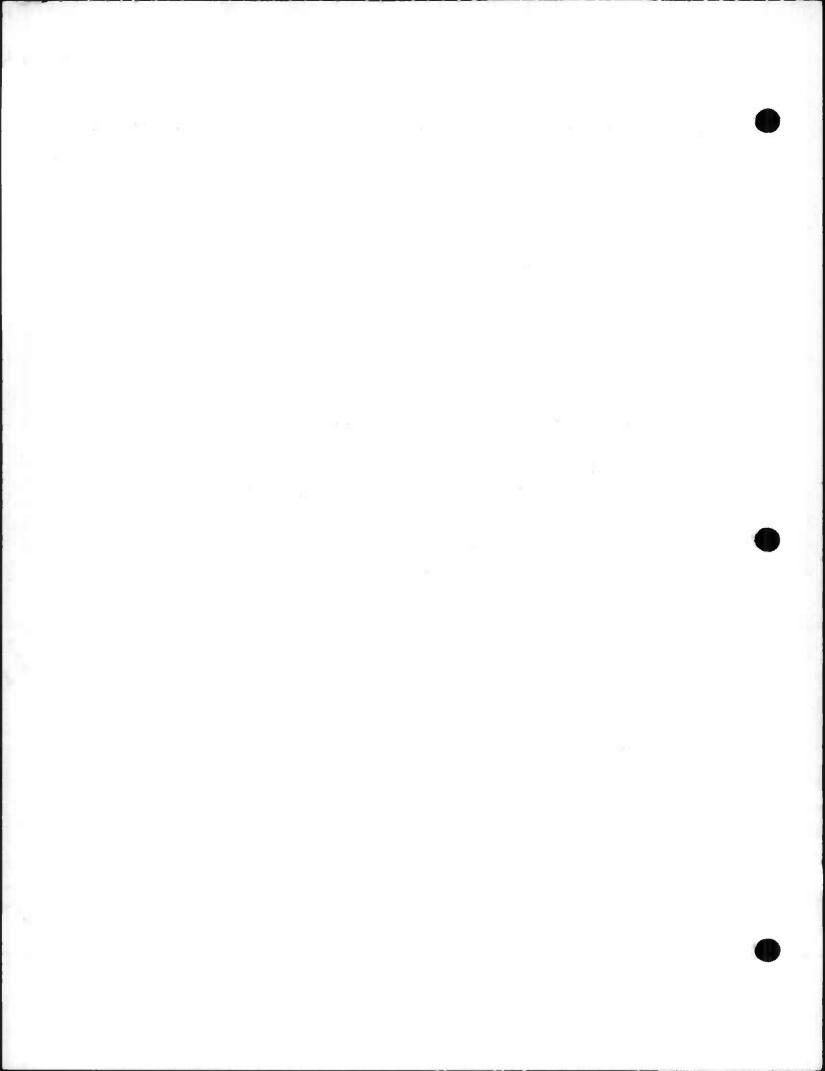
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within or flowers after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

						<u> </u>			HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF OEATH	v	YEAR 3	. TIME OF DEATH
	Catharine	R.	SUEHLE						January (1:35 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF BIRTH			ACE (State or Foreign
	218 50 5058	1 M 2 VF	91) YRS.	MONTHS	DAYS	HOURE	MIN.	07/22/19	0.4	Country)	ington DC
- 4	9e. FACILITY NAME (If not institution, give :	Δ.		,						_		
~ 1								ON OF DEA		9c. COL	INTY OF DEA	TH
0	Franklin Squar	e Hospi	tal Cer	nter	Ros	SSVI	lle	212	237	Ba1	ltimor	e County
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v .		T 40	Y. TOWH C							
<u>E</u>		•									10	Od, INSIDE CITY LIMITS?
		imore C	ounty	Mid	ате	Ri	/er				1	YES 2 NO
Z	10e. STREET AND NUMBER					101	. ZIP CODE	E		10g. CIT	IZEN OF WH	AT COUNTRY?
FUNERAL	627 Kingston R	oad					21	220			U.S	S.A.
5	11. MARITAL STATUS		IT EVER IN U.S. AR		13.	WAS DEC	ENDENT C	F HISPANI	C ORIGIN? (Specify Yae	or No-	14. RACE -	- American Indian, White, etc.
	1 Never Merried 2 Merried		YES 2 X	NO				n, Mexicen Specify:	, Puerto Ricen, etc.)			
BY	3 X Widowed 4 Divorced						253810	оросну.			Specify	White
	15. DECEOENT'S EDU			CEDENT'S					16b. KIND OF BUS	INESS/IN		
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	life	ive kind of v . Do NOT us	vork done (se retired.)	during mo	st of workin	g	The Distriction			
7	12	College (14 th 5	"	НО	mema	ker	_		н	ome		- 1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			110	meme	2,101		ACOVO MAN	E (First, Middle, Melden			
		ton Don								surname)		
H	Wilbur Winches 190. INFORMANT'S NAME (Type/Print)	ter Rog					Ida		ıgruder			
2									oute Number, City or Town			
- 1	Richard M. Sue	hle	62	27 K	ings	stor	1 Ro	ad M	liddle Ri	ver	, Md	. 21220
	20e, METHOD OF DISPOSITION 1 Cremetion 3 - Ram	oval from State	20b. PLACE / cemetery, cre		4						City or Town	
	4 Donetion 5 Other (Specify)		Green	ount	Ceme	eter	y 0	1/11/	1995 Balt	imor	e City	y,Maryland
- 1	21. SIGHALURE OF FUNE UIT SERVICE LIC	CENSEE	* .		22.	NAME AN	Q ADDRES	S OF FACI	neral Home	D 7		
- 1	* h 3	- 1/-	1									7 7 04 004
-	23. PART Enter the diseases, or	2										land 21221
	23. PART Enter the diseases, or ehock, or heert failure.	List Dnly Dne Cei	tee Du eech liue	нетп, ио п Н	ot enter	the mo	de of dyl	ng, auch	as cardled or reepli	ratory er	reat,	Approximate interval Between
- 1	IMMEDIATE CAUSE (Fine)		4.		C ,	-	0					Onset and Death
	disease or condition resulting in death)		Mycre	ucu	las	IN	1 Pell	che	\wedge			1
1		DUE TO	(OR AS A CONSEC	DUENCE OF	F):							
z		h	CV	n								
CERTIFICATION	Sequentially liet conditions, If any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF	7):							
8	cause. Enter UNDERLYING	6										
Ē	CAUSE (Diseese Dr Injury that initieted events	OUE TO	(OR AS A CONSEC	DUENCE OF	T):							
1	resulting in death) LAST	¥										! !
		v										
MEDICAL	PART ii. Other significent condition	e contributing to	death but not r	eeulting i	n the un	derlying	ceuse g	given in P	ert I. 24a. WAS AN . PERFOR			ERE AUTOPSY FINDINGS
8									_ 1 □ YES 2		C	OMPLETION OF CAUSE
Ų I												F DEATH?
	DID TOBACCO USE CONT	RIBLITE TO CA	LISE OF DEA	TH VE	s \square s	IO E	LING	ERTAIN	_		1 '	TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	T TO CA		E OF DEAT			0140	LKIMIN				
ᅙ	EXAMINER?	HOSPITAL:			OTHER	1:						
¥ I	27. MANNER OF DEATH	1 Inpatient 2	-						Other (Specify)			
	1 Natural 5 Pending	(Month, D		286. TIMI INJ	URY	28c. INJ WO	RK?		28d. DESCRIBE HOW IN	IJURY OC	CURED	1
B≼	2 Accident Investigation				м		'ES 2	NO				
	3 Suicide 8 Could not be	28e. PLACE C building,	F INJURY — At horate. (Specify)	me, farm, s	treet, fecto	ory, office			28t, LOCATION (Street & City or Town, State)	nd Numbe	r or Rural Rout	te Number,
	4 Homicide determined											
COMPLET	29a. CERTIFIER CCHECK only	CIAN: To the best of	my knowledge, de	ath occurre	d at the ti	me, date	and place	and due to	the cause(s) and man	Dar en ele	ted.	
Σ	one) 2 MEDICAL EXAMINE											nd manner as attend
8					,,				me, date one place, and			
H	296. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LICE	NSE NUME	ER CO	29d. DAT	E SIGNED (M	onth, Day, Year)
စ္	21100						- 6	18.	2)8	> /	171	77
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (ITEM	W 27) (Type,		. 4			0		n'	
	DR SHELDON	J MI	LNEI	2	- 4	06	EA	STE	RN 15 L.	VD	-15A	1651 6000
	31. DATE FILED (Month, Day, Year)	ALLA DAN	A'S SIGNATURE	11								
	JAN 0 9 1995	Jeva diane	WALL WAR	4								
						_						



INFICIAN: The law requires that the death certificate be executed within a four star feed to the hospital or attending physician.

In the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be best of Health and Mental Hydrene prior to burial, cremation, or removal.

In the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	C	ERTIFIC	ATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) GEORGE	R.			тн	2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX						995	8:50A M
		8. AGE (In yrs. le		NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign ntry)
	202 20 2132 12	60	12.5			07 27	34 PE	NNSYLVANIA
œ	9a. FACILITY NAME (If not institution, give street and number)		9		OR LOCATION OF D		9c. COUNTY OF	DEATH
DIRECTOR	UNIVERSITY HOSPITAL	•		Balt	imore C	ity.		
S	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c CITY T	OWN OR LOCA	TION			
E	MARYLAND ANNE ARUNI	NE T	100.011,					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	/E L			BURNIE			1 TYES 2 NO
FUNERAL	1518 JUPP ROAD			10	1. ZIP CODE 2106(S.A.
5		ENT EVER IN U.S. A	RMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yea	or No- 14, RA	CE — American Indian, ick, White, etc.
BYF	IF YES, GIVI	1 X YES 2 T E WAR OR DATES 0-1966	JNO	If yes, sp 1 (YES	ecify Cuben, Mexico 2 X NO Specif	en, Puerto Rican, atc.) y:	Spe	ectty:
	15. DECEDENT'S EDUCATION	16a, D	ECEDENT'S US	UAL OCCUPATION	ON	16b. KIND OF BUS		HITE
Ш	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	U (I	Give kind of work te. Do NOT use n	k done during mo etired.)	ist of working			
COMPLETED	12		MECHA	NIC		PUBLIC	TRANS	PORTATION
٥ و	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	
BE	JOHN M. SMITH				MARY	WALTON		
2	19a. INFORMANT'S NAME (Type/Print)	11	9b. MAILING AD	DRESS (Street	and Number or Rural	Route Number, City or Town	n, State, Zip Code)	
٦	ROSE A. SMITH		L518 J	TUPP R	OAD-GLE	EN BURNIE	, MD. 2	1060
	20a. METHOD OF DISPOSITION	20b. PLACE	ANDDATEOF	DISPOSITION (N	ame of	OATE 20c, LO	CATION — City or	Town, State
	1 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other Specify ENTOMEME	NT TÖÜÏ	DON PA	RK CE	METERY	1/10 B	ALTIMO	RE, MD.
	21. SIGNATURE OF FUNDAM SERVICE LICENSEE	aulm	rem	22. NAME A	NO ADDRESS OF FA	CILITY		
	> Llary d. N	- Guy		RAYM	OND C.	FINK FUN	ERAL HO	OME 21061 RNIE,MD.
11	23. PART I. Enter the diseases, pr complications t	hat caused the d	leath Do not	antar the ma	CICATIV I	W1.5.W.G	TEM DOI	Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	LUN SCATO (OR AS A CONSE	levit	2 Co	lov	20 Culen	Dise	Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	TO (OR AS A CONSE						
	PART II. Other algorificent conditions contributing	to deeth but not	resulting in t	he underivin	ceuse given in	Part I. 24s. WAS AN.	ALITOPSV 24	b. WERE AUTOPSY FINDINGS
SAL				,,,,,		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 TYES 2	NO	OF DEATH?
Σ	DID TODACCO LICE CONTRIBUTE TO		A 2014			- 126	A	1 TYES 2 NO
Ž	DID TOBACCO USE CONTRIBUTE TO C				UNCERTAI	1 and he	ilerry	
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28. PLA	CE OF DEATH	Check only one) THER:				
PHYSICIAN:	1X YES 2 NO 1 Inpatient 2	ER/Outpatient			e 5 🗆 Reeldence	8 Other (Specify)		
<u> </u>	27. MANNER OF DEATH 28e. DATE (Month)	OF INJURY Day, Year)	28b. TIME O		URY AT	28d. OEŞCRIBE HOW IN	JURY OCCURED	
P.	2 Accident Investigation		111111111111111111111111111111111111111	M 1 🗆 1	rES 2 NO			
	3 Suicide 8 Could not be building determined	OF INJURY — At he	ome, ferm, stree	et, fectory, offic	•	28f. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
4	29e. CERTIFIER						-	
COMPLE	(Check only one) 2 MEDICAL EXAMINER: On the best of							(e) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			
H H	-Then 11 -	K	100		O.C.N			07, 1995
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	USE OF DEATH ATE	FM 27) (Sans Day	nt)	0.0.1		POAN	07, 1995
	TILSINARE ALIK.				. Ralt	imore, Ma	rvland	21201
	31. DATE FILED (Month, Day, Year)		- CIIII	LICEL	, Dult.	miore, Pid	TATGIIG	41401.
	IAM 0 9 1995 Julia Davidso	RAP SIGNATURE						

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TO THE HOSPITAL DR. AT TO THE FUNERAL TREE De filed within 72 non IMPORTANT: If Item

VISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-18 Rev 1/89

SION OF VITAL RECORDS, P.O. BOX 68760,

the attending physician and completely filled in by the it Mental Hygiene prior to burial, cremation, or removal. has been signed by to Dept. of Health and this certificate h Ather 108 Hall

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH a IF UNDER 1 YEAR F UNDER 24 HRS. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 10/10/1937 DAYS 1 M 2 - F Maryland 217-34-7049 57 YRS. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF GEATH DIRECTOR Joseph Ritchie Hospice Baltimore City 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland
100. STREET AND NUMBER Baltimore City YES 2 NO permit. FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 671 Harvey Street burial-transit 21203 United States Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 100 Specify: BY 3 Widowed 4 Divorced funeral director, page 5 should be detached for use as the White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) G.E.D. Doorman Holiday Inn 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Elsie Mae Rupert William Smiley BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dundalk, Maryland 7200 Dunwood Ct. 21222 Elsie M. Rehberger 9 20a. METHOD OF DISPOSITION
1 ☐ Burlet 2X Cremetion 3 ☐ Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must Hilltop Service Corp. 1/7/95 4 Donatton 5 Other (Specify) Towson, MD medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, MD 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the disesse or condition DUE TO (OR AS A CONSEQUENCE OF): event. resulting in desth) METASTATIC CANCER OF CHEST, LYMPH NUMES ! 410R traumatic CERTIFICATION Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING · LDENOCIRCINOMA CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF that initiated eventa resulting in deeth) LAST PART II. Other significent conditions contributing to desth but not resulting in the underlying cause given in Pert i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? TENDING PHYSICIAN: The law requires that shows any 1 TYES 2 T NO 1 _ YES 2 _ NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) item HOSPITAL OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 HOSPICE 4 Nursing Home 5 Residence 8 Other (Specify) 50 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO ВУ Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) .50 ETED. a Could not be 28 4 Homicide datermined COMPL 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated. (Check only one) MPORTANT: 11 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piace, end due to the cause(a) and menner as steted. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE

LETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

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JAN 0 9 1995

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TO BE COMPLETED BY FUNERAL DIRECTOR

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ВОХ 6	
P.O.	
RECORDS,	
VITAL	
OF	
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TO THE MOSTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MADVIAND / DEPARTMENT OF HEALTH AND MENTAL HYGICAL

1 - STATE REGISTRAR		SIMIL OF I	nan i La	CEI	RTIFIC		F DEATH			REG. NO.	Ė		
1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF	DEATH			3. TIME OF OEATH
		Timo	thy	John	. Sim	mons		þ	anua	ry 1	,19	9'5"	5:03A M
4. SOCIAL SECURITY NUMBER	ER	5. SEX		yrs. last b	M	F UNDER 1 YEA		IRS.	7. DATE OF E	BIRTH ly. Year		8. BIRTH Countr	PLACE (State or Foreign
		1 🔀 M 2 🗌 F	26		YRS.		62 100 0			-196			
9a. FACILITY NAME (If not ins				- 1	9		N OR LOCATION O					INTY OF D	
Harford		тат по	spil	ат		нач	re de (, ra	се		на	rtoi	d Co
	10b. COUNTY			T	10c. CITY,	TOWN OR LO	CATION						10d. INSIDE CITY
Maryland	Harf	ord			Hav	re d	e Grace	e					LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER			-				101. ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?
701 Nort	h Ada	ms Str	eet					21	078				
11. MARITAL STATUS		12. WAS DECEDEN		U.S. ARMI			DECENDENT OF HI specify Cuben, M				or No-		— American Indian, , White, atc.
1 Never Married 2 I I 3 Widowed 4 Divon		IF YES, GIVE V						Specify:	r delito riicer	1, 416./		Speci	ty:
15. DECE	DENT'S EDUC	ATION		16a DECE	DENT'S US	UAL OCCUP	ATION		166 VIN	ID OF BUS	INESC (IN	DUCTOV	White
	highest grade of			(Glve	kind of wor	k done during	most of working		IOU. KIN	ID OF 803	114532114	DUSTRI	
Lienternal yroccornal y (o-		Conege (1-4 of 3	"										
17. FATHER'S NAME (First, Mic	idle, Last)						18. MOTHER	'S NAM	E (First, Middl	le, Maiden S	Sumame)		
Franklin S	Simmor	ıs											
19a. INFORMANT'S NAME (Ty)	pe/Print)			19b.	MAILING A	OORESS (Stre	et and Number or F	Rural Ro	ute Number, C	City or Town	, State, Zi	ip Code)	
Robert Si	mmons		Bro.										
20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation	3 🗌 Ramo		ceme	tery creme	DDATE OF	DISPOSITION	(Name of		OATE	20c. LOC	CATION —	City or To	wn, State
4 Donation 5 Other	Specify <u>i</u> n	state :	remo	val									
21. SIGNATURE OF FUNERAL	A A	Rong	ld W	ade,	,Dir								Board
Joseph a	5.12	~ Jan	7			6551	W.Balti	Lmo	re S	t,Ba	1to	, MD2	21201
23. PART i. Entar the dis	seesee, or co	omplications the	t caused	tha deet	h. Do not	antar tha	moda of dying,	such	as cerdiac	or reapi	ratory ar	rest,	Approximeta
IMMEDIATE CAUSE (Fine		iat only ona cet	iae on ae	cn line.			//_	/	7		0		Intarval Between Onset and Daath
disease or condition reaulting in death)	> .	(0	us	unl	ene	-(tea	1	7	6	lun	-	_
		DUE TO	(OR AS A	CONSEQU	ENCE OF):		- 20	1					1 3
Sequentially list condition	ons, b	DUE TO	0	-	le	- w	70/16	1	My				
if any, leading to immed cause. Enter UNDERLYIN		DOK 10	(OH AS A I	CONSEGU	ENCE OF:		- /		100				1
CAUSE (Disease or injur thet initletad events		DUE TO	(OR AS A	CONSEOU	ENCE OF):								
resulting in death) LAST													
	0.												+
PART ii. Other aignifican	t conditions	contributing to	daath bu	t not res	ulting in	the underl	ying ceuse give	n In P	ert i. 24e	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						_			_ 10	YES 2	□ NO		OF DEATH?
					_								1 YES 2 NO
DID TOBACCO US		IBUTE TO CA						TAIN					
EXAMINER?	-	HOSPITAL:			C	(Check only o							
1 YES 2 NO		1 Inpatient 2 I		-	DOA 4		INJURY AT		Other (Sp 28d. OESCRII		I HARV OC	NO LIBER	
1 Natural 5 P	ending	(Month, E			INJUR	IY	WORK?		280. UEŞCHII	DE NOW IN	IJUNT OC	CUREO	
2 Culate	rvestigation	28a. PLACE O	F INJURY -	– At home	o, farm, atro			-	28I. LOCATIO	N (Street a	nd Numbe	or Rumi F	Toute Number
	could not be etermined	building,	atc. (Specif	(y)						wn, State)			
29a. CERTIFIER 1 CERTIFIER	FYING PHYSIC	IAN: To the best of	my knowle	dos dere	occurred.	at the time	data and place are	d dun A	the enver) and ===	nas es si	and .	
) and manner as stated.
29b. SIGNATURE AND TITLE							29c. LICENSE			,			
/ de	6	lo	6	K	5	B	D/4				29d. DA	IE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEA	TH (ITEM :	27) (Type, Pr	rint)					*		
31. DATE FILEO (Month, Day, Y	her)	12 PECIETRA	Bic clone	71105		-							
TAN A O	1005	32. REGISTRA	J. SIGNA	OHE I									
JAN U J	1999	June min	MORK S	THE PARTY NAMED IN	•								4.0

TITATION PROPERTY THE LAW requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.

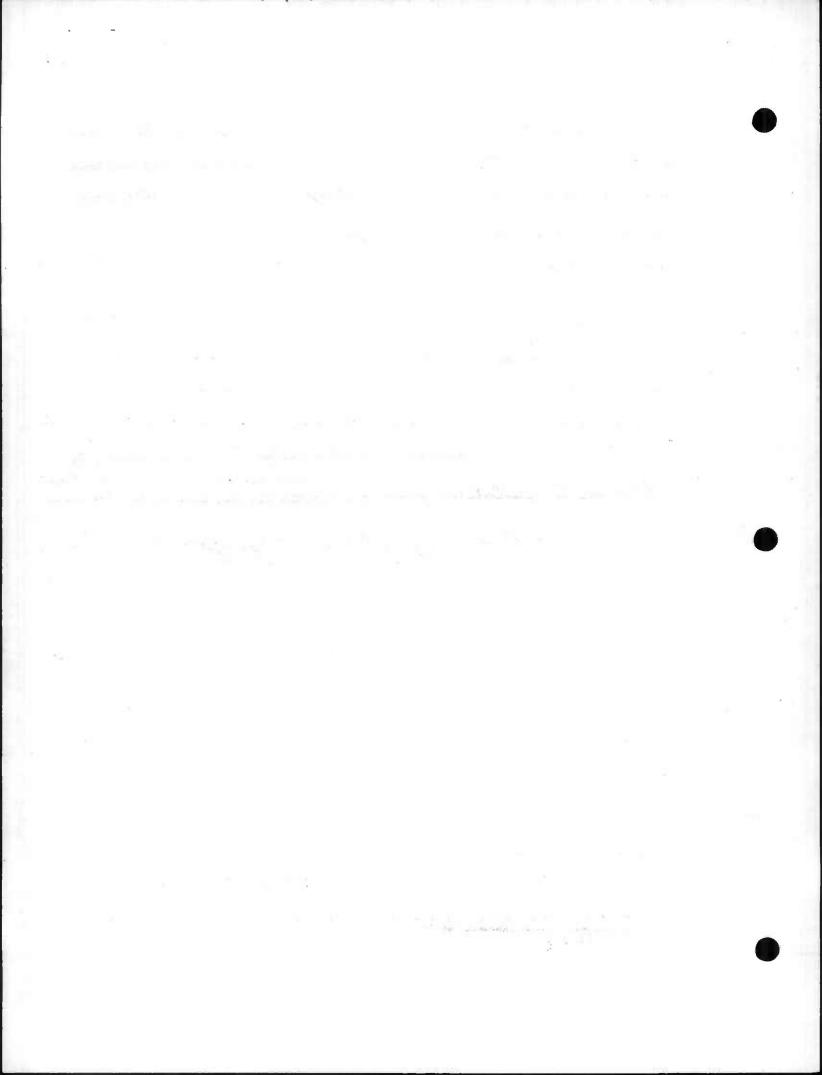
IN TITATION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be attended for use as the burial-transit permit. Pages 1. 2, 3 should be attended for use as the burial-transit permit. Pages 1. 2, 3 should be attended, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DWISION OF VITAL RECORDS, P.O. BOX 68760

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	TTEMENT PHYSICIAN. The law requires that the death certificate be executed wi

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF I	HEALTH AND		GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest))		0,112 01	BEATT	2. DATE OF DEA	TH .		3. TIME OF OEA	TH
	SHTRLE	Y SCHLOSBURG				January	DAY	995	11:30	
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	ГН	6. BIRTH	PLACE (State or F	
	220-14-6259 9e. FACILITY NAME (If not institution, give	1 M 2 XXF	83 YRS.	MONTHS DAYS	HOURS MIN.	April 1	7, 1911	Countr	yland	
DIRECTOR	24721 Kings Valle			Damas		EAIIT			mery	
띭	10+. STATE 10b. COUN		10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CIT	γ
<u></u>	Maryland Mon	ntgomery	Dan	nas cus					LIMITS?	NO
A	10e. STREET AND NUMBER				f. ZIP CODE		10g. CITI	ZEN OF V	VHAT COUNTRY?	
FUNERAL	24721 Kings Valle	ev Road			20872		115	SA		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED		CENDENT OF HISPA		Ify Yee or No-	14. RACE	- American Indi	len,
	1 Never Merried 2 Merried	FORCES? 1 YES			ecify Cuben, Mexic 2 NO Speci		Ic.)	Speci	t, White, atc.	
8	3 🔀 Widowed 4 🗌 Divorced				200	,			hite	
	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16e. DECEDENT'S U	SUAL OCCUPATION AND AND AND AND AND AND AND AND AND AN	ON pet of working	16b. KINO (F BUSINESS/IND		Add In he	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	at or working					1
COMPLET		l Year	Secretar	ТУ		U.S	. Gover	nmen	t	
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, A	faiden Surname)			
BE	Phillip Warner				Eva So	chmolart	Z			
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	AODRESS (Street)	and Number or Rural	Route Number, City	or Town, Stete, Zip	Code)		
- 1	Louis Schlosburg		24721 K	lings Va	alley Roa	ad, Dama	scus, Ma	ary1	and 208	72
	20e. METHOO OF DISPOSITION 1 (XBuriel 2 Cremetion 3 Rer	moval from State	PLACE AND DATE OF	F DISPOSITION (N	ame of 01/0	3/1995 2	oc. LOCATION -	City or To	wn, State	
	4 Donetion 5 Other (Specify)	K1:	ng David	Memoria	al Garder	1	Falls C	nurc	h. VA	
	21. SIGNATURE OF FUNERAL SERVICE L	^		22. NAME A	HEBREW N	CILITY VEMODITAL	ETIMED AT	ГПО	ME TNC	
	Donald C.	Stoter	nuch	~ .					-	
	23. PART I. Enter the diseases, or	complications that caused	d the desth. Do no	ot enter the mo	RROLL ST	ch se cerdiac or	reepiratory am	ost.	Approxim	
1	shock, or heart failure	. List only one cause on e	sch line.	1.	1 1		A CONTRACTOR		Interval B	etween
	IMMEDIATE CAUSE (Fine) disease or condition	11/m -	Harle	Mind	5 2	14 M	19110-		Onset and	
	resulting in death)	OUE TO (OR AS A	CONSEQUENCE OF	:	1/	7 700	000			
,	_		0.,							
HILICATION	Sequentially list conditions, if any, leading to immediate	b. OUE TO (OR AS A	CONSEQUENCE OF)	:						
¥	cause. Enter UNDERLYING									l l
Ĭ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)	:					+	
=	resulting in death) LAST	d.								
5										
¥	PART II. Other significent condition	ns contributing to deeth b	ut not resulting in	the underlyin	g ceuse given in	Pert I. 24a. W	AS AN AUTOPSY ERFORMEO?	24b.	WERE AUTOPSY F	
MEDIC	-					1 🗆 Y	ES 2 NO		OF DEATH?	CAUSE
								1	1 YES 2	NO
HYSICIAN										
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (C	neck only one)				
2	1 YES 2 NO	1 Inpatient 2 ER/Outp			e 5 X Residence	6 Other (Specif	y)			
E	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. IN.	JURY AT	26d. DESCRIBE	HOW INJURY OCC	URED		
2	1 X Natural 5 Pending 2 Accident Investigation				YES 2 NO					- 1
- 1	3 Suicide 8 Could not be	26e. PLACE OF INJURY building, etc. (Spec	- At home, ferm, str	reet, fectory, offic	•	28f. LOCATION (S City or Town,	Street end Number	or Rural F	loute Number,	
COMPLEIED	4 Homicide determined					ony or lowing	otato)			
2	29e. CERTIFIER (Check only 1 X CERTIFYING PHYS	SICIAN: To the best of my know	ledge, death occurred	st the time, date	end piece, end due	to the cause(s) en	d manner ee state	ed.		
2		ER: On the besie of exemination) end menner ee s	stated.
	29b. SIGNAYURE AND TITLE OF CERTIFIE				29c. LICENSE NU				(Month, Ony, Year)	
N N	To	full	_				D /	, 1	(MOTHER, OHY, YOUR)	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type 5	Print)	D-3329	3	/	1	17	
	Frederick P. Smi				AT IT	1. 1. 4		_	0015 05	.
	31. DATE FILED (Month Oppring)	th M.D. 64	OlyWester	in Ave.	N.W.	wasningt	on, D.C	. 2	0015-29	98
	JAN 019 1995	1								
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	×	
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-	받	50	

	1 - FOR STATE OF REGISTRAR	MARYLAND / DEPARTME	NT OF HEALTH AND M	ENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Lest) Sister Mary Claudine		J. J. BEATT	2. DATE OF DEATH	" 1995 ["]	3. TIME OF DEATH 1:25 A. M
	4. SOCIAL SECURITY NUMBER 5. SEX 1	90 YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year)	8. B	entriplace (State or Foreign ountry)
TOR	Sa. FACILITY NAME (If not institution, give street and number) Villa Assumpta, 6401	V. Charles St	TY, TOWN OR LOCATION OF DEA Baltimore	тн Э	Balti	DE DEATH
DIRECTOR	10e. STATE 10b. COUNTY Baltimore	Balt:	or Location LMOPE			10d. INSIDE CITY LIMITS? 1 YES 2 D O
FUNERAL	6401 N. Charles St.		101. ZIP CODE 21212		USA	OF WHAT COUNTRY?
B	3 Widowed 4 Divorced FORCES? IF YES, GIVE	NT EVER IN U.S. ARMED 1 YES 2 THE WAR OR DATES	WAS DECENDENT OF HISPANIC If yes, specify Cuben, Mexican, 1 YES 2 Specify:	C ORIGIN? (Specify Yes Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	+) 16a. DECEDENT'S USUAL (Give kind of work dor life. Do NOT use retired Teacher	OCCUPATION le during most of working f.)	Educa		av
BE CO	Villiam Paul Vincent		Anne El	E (First, Middle, Meiden Lizabeth	Carro	
5	S.Bernice Feilinger	6401 N	ss (Street and Number or Rural Ro Charles St	., Balt	imore,	Md. 21212
	20a. METHOD OF DISPOSITION DEscribed 2 Greenstlon 3 Greenoval from State 4 Donation 5 Other (Specify)		Maria Cemete	ry	Glen A	rm, Md.
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		2. NAME AND ADDRESS OF FACE Mitchell-Wied 6500 York Rd.	lefeld Hom	-	vland 21212
	83. PART LEnter the diseases, or complications the shock, or heart feliure. List only one ca	use on each ilne.	er the mode of dying, such	as cardiac or reapi	ratory arrest,	Approximate interval Between
	immediate cause (Final disease or condition resulting in death)	Aspint	LON PNEUM	ONIA		Onset and Death
TION	if any, leading to immediate	O (OR AS A CONSEQUENCE OF): SCHOOL O (OR AS A CONSEQUENCE OF):	sewite D	ON IA quantia		
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	O (OR AS A CONSEQUENCE OF): O (OR AS A CONSEQUENCE OF): O (OR AS A CONSEQUENCE OF):	sewile D	ON IA Quantia		
SAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	O (OR AS A CONSEQUENCE OF): O (OR AS A CONSEQUENCE OF):			AUTOPSY	
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	O (OR AS A CONSEQUENCE OF): O (OR AS A CONSEQUENCE OF):		art I. 24a. WAS AN	AUTOPSY MED?	Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to the conditions condition	O (OR AS A CONSEQUENCE OF): O (OR AS A CONSEQUENCE OF): O death but not resulting in the	underlying ceuse given in P. 26. PLACE OF DEATH (Chec	art i. 24a. WAS AN PERFOR 1	AUTOPSY MED?	Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially is consisted DUE TO	O (OR AS A CONSEQUENCE OF): O (OR AS A CONSEQUENCE OF): O death but not resulting in the	underlying ceuse given in P 28. PLACE OF DEATH (Chec ER: unsing Home 5 Residence 6	art i. 24a. WAS AN PERFOR 1	AUTOPSY MED? MNO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially in a Conditions DUE TO	O (OR AS A CONSEQUENCE OF): O (OR AS A CONSEQUENCE OF): O death but not resulting in the ER/Outpetient 3 DOA 4 N N N N N N N N N N N N N N N N N N	28. PLACE OF DEATH (Chec ER: ursing Home 5 Residence 6 28c. INJURY AT WORK? 1 YES 2 NO	art i. 24a. WAS AN PERFOR 1 YES 2 k only one) Other (Specify) 28d, DESCRIBE NOW II	AUTOPSY MED? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially is conditions DUE TO	O (OR AS A CONSEQUENCE OF): O (OR AS A CONSEQUENCE OF): O death but not resulting in the	28. PLACE OF DEATH (Chec ER: ursing Home 5 Residence 6 28c. INJURY AT WORK? 1 YES 2 NO	art i. 24a. WAS AN PERFOR 1	AUTOPSY MED? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially in a Contention Contention	O (OR AS A CONSEQUENCE OF): O (OR AS A CONSEQUENCE OF): O death but not resulting in the D death but not resulting in the O death but not resulting in the O death but not resulting in the O death but not resulting in the O death but not resulting in the O death but not resulting in the O death but not resulting in the O death but not resulting in the O death but not resulting in the O death but not resulting in the O death but not resulting in the O death but not resulting in the O death but not resulting in the O death but not resulting in the O death but not resulting in the O death but not resulting in the O death but not resulting in the O death but not resulting in the O death but not resulting in the O death but not resulting in the	26. PLACE OF DEATH (Chec ER: ursing Home 5 Residence 6 28c. INJURY AT wORK? 1 YES 2 NO actory, office	art I. 24a. WAS AN PERFOR 1	AUTOPSY MED? NO NO NURY OCCURE Ind Number or Ru There as stated,	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially is conditions Control	O (OR AS A CONSEQUENCE OF): O (OR AS A CONSEQUENCE OF): O death but not resulting in the D death but not resulting in the D death but not resulting in the OTH D death but not resulting in the OTH S death but not resulting in the OTH D death but not resulting in the N	26. PLACE OF DEATH (Chec ER: ursing Home 5 Residence 6 28c. INJURY AT wORK? 1 YES 2 NO actory, office	art I. 24a. WAS AN PERFOR 1 YES 2 Note (Specify)	AUTOPSY MED? NO NO NO NURY OCCURE nd Number or Ru ner as stated, d due to the cau	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially is considered to the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO d.	O (OR AS A CONSEQUENCE OF): O (OR AS A CONSEQUENCE OF): O death but not resulting in the D death but not resulting in the D death but not resulting in the OF INJURY Day, Year) OF INJURY M OF INJURY At home, ferm, street, fi, etc. (Specify) of my knowledge, death occurred at the examination end/or investigation, in measurements.	28. PLACE OF DEATH (Chec ER: 28. INJURY AT WORK? 1 YES 2 NO actory, office	art I. 24a. WAS AN PERFOR 1 YES 2 k only one) Other (Specify) 28d. DESCRIBE NOW II 28f. LOCATION (Street e City or Town, State) the cause(e) and man me, date end place, and ser	AUTOPSY MED? NO NO NO NO NO NO NO NO NO NO NO NO NO	Onset and Death 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO D oral Route Number, see(e) and manner as stated, NED (Month, Day, Year)

Signature sections and sections of the section of t

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FOR STATE

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-719 1/20/95 t.

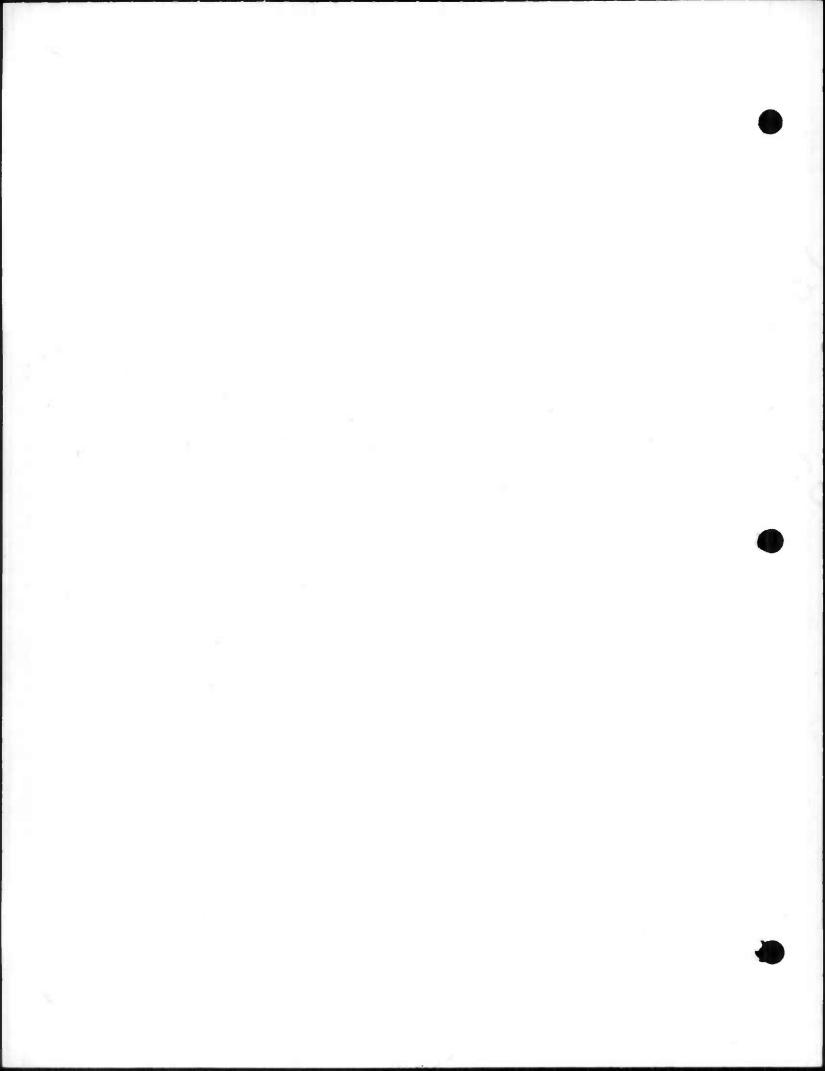
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	S	TATE OF	MARYLAN	D /	DEP	ARTMEN	IT OF	HEALTI	AND	MENTAL	HYGIENE
9	41,	28d-T,	PER ME	U F.	[[]A	6-719	1/20	1/95 t	. T.		

	REGISTRAR		CERTI	FICATE (OF DEATH	REG	. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	ALLEN	VOŒL			2. DATE OF DEA MONTH		YEAR 94	3. TIME OF DEATH 6:32A M
	4. SOCIAL SECURITY NUMBER 212-06-1582	1 🖾 M 2 🗌 F	26 vns	MONTHS D	AR IF UNDER 24 HRS.	7. DATE OF BIRT	Н	8. BIRTHE	PLACE (Stelle or Foreign
DIRECTOR	99. FACILITY NAME (If not institution, give of 5012 Hoffman Street RESIDENCE OF DECEDENT	,			CITY, TOWN OR LOCATION OF DEATH Baltimore City				
EC	10e. STATE 10b. COUNTY	,	10c. 0	TTY, TOWN OR L	OCATION				10d. INSIDE CITY
	W.VA. Barbo	our		Phili	~ ~			LIMITS?	
FUNERAL	- Route 2 149 B				101. ZIP CODE 26416		10g. CITIZEN OF WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 00	If ye	DECENDENT OF HISPA I, apecify Cuban, Mexic YES 2 NO Speci	en, Puerto Rican, et	fy Yee or No	Black, Specify	American Indian, White, etc.
ETED.	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 8+)	(Give kind o	EEDENT'S USUAL OCCUPATION The kind of work done during most of working To NOT use retired.)					irce
₩.	12		Elect	rician		Cons	structi	on	
COMPL	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, M			
出	John Vogel III 190. INFORMANT'S NAME (Type/Print)					rie L. H			
٩	Edna Vogel				B Philipp				5416
	20a. METHOD OF DISPOSITION 1 © Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of State of Disposition (Name of State of								
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	h	Bru	zdzinski F 7 Old East	uneral H			21221
	23. PART . Enter the diseases, or c	omplications that cause	ed the death. Do	not enter the	mode of dving au	the cerdiec or	Ball.	, 11/11	Approximate
	anock, or neart failure.	List only one cause on	each line.		mous or aying, and	in all cardiac or	capitatory art	eat,	Interval Between Onset and Death
	disease or condition resulting in death)	NARCOTIC IN							
_		DUE TO (OR AS	A CONSEQUENCE	OF):					
AT10	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE	OF):					
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):	+		· .		
CER		l							
DICAL	PART II. Other significent conditions	contributing to death	but not resulting	in the under	ying cause given in	PE	AS AN AUTOPSY REFORMED? ES 2 NO		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
V: ME	DID TOBACCO USE CONTR	IBUTE TO CAUSE (OF DEATH	ES [] NO	☐ UNCERTAI			1	1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DE	ATH (Check only					
YSI	1 XYES 2 □ NO	1 Inpetient 2 ER/Ou	patient 3 DOA	OTHER:	Home 5 A Residence	8 Other (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)		TURY	INJURY AT WORK?	28d. DESCRIBE H	OW INJURY OCC	CURED	
ВУ	2 Accident Investigation 3 Suicide 8 XXCould not be	1-6-95 FOUN	Y At home, ferm		YES 2 X NO	UNKNOWN 281. LOCATION (S	treet end Number	or Rural Ro	ute Number
ETE	4 Homicide determined	building, etc. (Spi		NOWN		City or Town, UNKNOW			
COMPLETED		CIAN: To the best of my known in the common of examination							end menner es stated.
ш	296. ESGNATURE AND TITLE OF CENTRUER	M D	1		29c. LICENSE NUI				Month, Day, Year)
TO B	June of	lle // r	4		O.C.M	I.E.	▶ JA	N. 0	06/95
	30. NAME AND ADDRESS OF LEADING WHO MARIO F. GOLLE				ALTIMORE, MA	RYLAND 212	201		
		32. REGISTHAR'S SIG	NATURE World						



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR ATTENDING PHYSICIAN

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Pages 1, 2, 3 should permit. burial-transit Page 6 may be retained by the hospital or attending physician. use as the for detached once. 2 듉 funeral director, page 5 should notified Pe must medical examiner and completely filled in by the oburial, cremation, or removal. the event. traumatic prior to the attending physician Mental Hygiene prior to other t Hygiene ö Injury, Health and any shows has been s Dept. of H 23 this certificate h

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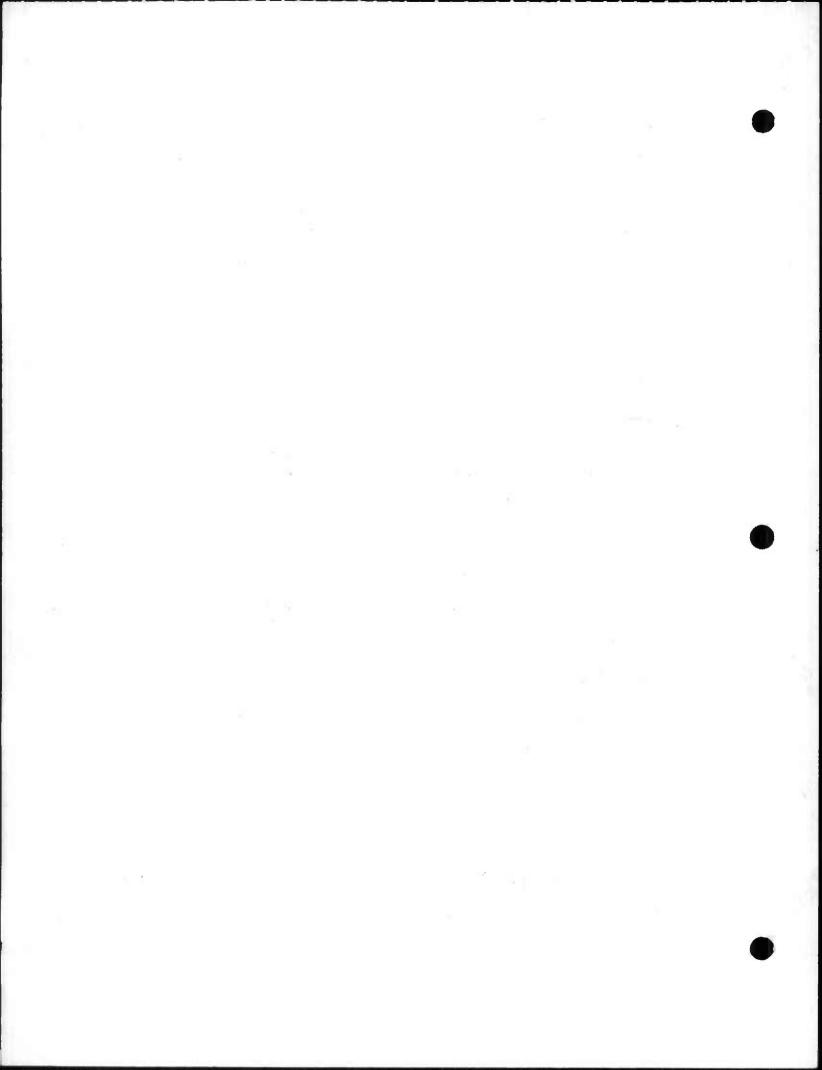
Item# 19.a. G-film 719 per F.H 1/13/95 P.C FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF OEATH 3. TIME OF DEATH tammond 1995 George eu 4:00 P YUY 4. SOCIAL SECURITY NUMBER S. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN 213-18-3987 1 XM 2 F 73 YRS. 09-11-1921 MARYLAND 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 X NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2901 VIRGINIA AVENUE 21227 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Y YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married If yes, specify Cuban, Mexican, Puerto Ricen, etc.) 1 TYES 2 NO Specify: 3 Widowed 4 Divorced WHITE WW II 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementery/Secondary (0-12) College (1-4 or 5+) 9TH GRADE WELDER U.S. COAST GUARD YARD 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) GEORGE H. WILLEY, SR. MARIE FRAZIER 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARY D. WILLEY 2901 VIRGINIA AVENUE - BALTIMORE, MD. 21227 20s. METHOD OF DISPOSITION

[X] Burlel 2 Cremetion 3 Removal from State CRESTLAWN GARDEN OF MEMORIES

22. NAME AND CORRESTED 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 4 Donation 8 Other (Specify) MARRIOTTSVILLE 21. SIGNATURE OF FUNERAL SERVICE LICENSE HUBBARD FUNERAL HOME IC. 4107 WILKENS AVENUE - BALTIMORE, MD me 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition SEPSIS resulting in death) day DUE TO (OR AS A CONSEQUENCE OF): AIMOTING Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, lesding to immediate cause. Enter UNDERLYING STAGE OCHS LUNG DISERSE CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS COPD/CHF/CRF/CAP AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 140 OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\square\) NO \(\square\) UNCERTAIN \(\sqrta\) 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL . OTHER: 1 YES 2 DENO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28a. OATE OF INJURY (Month, Oay, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be 4 Homicide determined

(Check only one) 2 MEDICAL EXAMINER: On the begin of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 6/95 D 36373 1. 30. NAME AND AODRESS OF PERSON LETED ! USE OF DEATH (ITEM 27) (Type, Print) MARTIN X EBORNUZ 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE a Davidson Randally JAN 0 9 1995

100 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.



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TO HE RANGAL ORECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be assumed that the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or remonal.

WINDHIAM II Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH			EHIIL	ICALE	OF DE	AIH	REG. NO	D.		
	1. DECEOENT'S NAME (First, Middle, Last)	20 cet	(1)	1011	Ler	-		2. DATE OF DEATH	DAY (YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	S. SEX 6.	AGE (in vrs. in:	GE (In yrs. lest birtnday) IF UNDER 1 YEAR IF UNDER 24							ACE (State or Foreign
	387-32-3069	1 🗆 M 2 🙀 F	81	YRS.		AYS HOUR		(Month, Day, Year) May 23,1	913	Country)	
	9e. FACILITY NAME (If not institution, give str	eet end number)			9b. CITY, TO	WN OR LOCA	TION OF DEA	АТН		NTY OF DEAT	ГН
DIRECTOR	Fallston Gen:	eral Hespi	tal		Fal	Lsten,	Md.		Ha	Harford	
ᄓ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10- 017	Y, TOWN OR	00171011					
	77	a Parad		IUC. CIT	111						d. INSIDE CITY LIMITS?
	10e, STREET AND NUMBER	fford			Byce	, Mela					YES 2 NO
FUNERAL		73.2				10f. ZIP CO	==	2 4		IZEN OF WHA	T COUNTRY?
N N	12901 Betten						82-97		100	S.A.	
	1 Never Merried 2 Merried	12. WAS DECEDENT ET	YES 2		II y	s, specify Cu	ben, Mexicen,	C ORIGIN? (Specify Yo, Puerto Rican, atc.)	e or No-		American Indian, /hite, etc.
B	3 🔼 Widowed 4 🗌 Divorced	IF YES, GIVE WAR	OR DATES		1 🗆	YES 2 X N	O Specify:			Specify:	Mhite
	15. DECEDENT'S EDUC	ATION	16e. DE	ECEDENT'S	USUAL OCCI	IPATION		16b. KIND OF BI	ISINESS/IN	DUSTRY	
<u>Li</u>	(Specify only highest grade of Elementery/Secondary (0-12)	College (1-4 or 5 +)	(G life	live kind of v b. Do NOT us	vork done duri e retired.)	ng most of wo	rking				
COMPLETED	8		He	中国中国自	ker			Own He	m e		
Ö	17. FATHER'S NAME (First, Middle, Last)					1e. Mc	THER'S NAM	IE (First, Middle, Meide	n Surname)	•	
BE (Andrew Here	sig				R	esie (Ontge			
6	19e. INFORMANT'S NAME (Type/Print)		19					oute Number, City or To			7777
-	Suzanne Felez	yk		7 R	ichar	ison C	t. Fr	makfort K	y. 46	601	
	20a. METHOD OF DISPOSITION 1	val from State			prosposition place		mic			City or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE LICE		//	LAWN .	22. NA	ME AND AGO	SESS OF FACI	ILITY			
j	+ Frank & d	1001. 1	loce.	TI	Dell	a Nec	e & S	ens Funer Baltime			
	23. PART i. Entar tha diseases, or co	omplications thet ca	Used the de	eth. Do n	ot antar the	moda of c	lying, euch	ae cerdlec or ree	olratory er	reat.	Approximete
	ahock, or hear failure. L	ist only one ceuse	on eech line	.						1200	interval Batween Onsat and Daeth
l l	IMMEDIATE CAUSE (Final disease or condition reculting in death) a. SEPSIS - FERITO NITIS									L day	
ı	reculting in death) / a	DUE/TO (OR	AS A CONSE	OUENCE OF	n:						0000
z	- TERFURATED DIVERTICULITIS 6-de										6- day
윤	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSE	OUENCE OF):		•				6
2	CAUSE (Disease or injury c.	کر	HOC	/ < .							1- day
#	that initiated events resulting in death) LAST	OUE TO (OR	AS A CONSE	OUENCE OF	D. C. C.						
CERTIFICATION	d.	(.0.	1-2	/ (NEU	MON	کم۱۱۲				
	PART II. Other aignificant conditions	contributing to day	ith but por	raaulting i	n tha unda	rlying causi	givan in P	art i. 24e, WAS A		24b. WE	RE AUTOPSY FINOINGS
EDICAL	Left Thoras	oplasty -	- In	umo	nco	ons	def	PERFO	RMED?	co	AILABLE PRIOR TO HIPLETION OF CAUSE
	Faher whose	// //	Chinic	cun	al o	Cury	P.	- I TES	2 DINO	-	OEATH?
Σ.	DID TOBACCO USE CONTR		E OF DEA	TH YE			CERTAIN			''	TYES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL				H (Check only		CENTAIN				
Sic		HOSPITAL: 1 Inpatient 2 ER	/Outpatient 3	DOA	OTHER:	Home 5 🗆	Residence 6	☐ Other (Specify)			
PHYSICIAN:	27. MANNER OF OEATH	28e. DATE OF INJ	URY	28b. TIM	E OF 26	. INJURY AT	_	26d. DESCRIBE HOW	INJURY OC	CURED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y	ear)	INJ		WORK?	□ NO				
	3 Suicide e Could not be	28e. PLACE OF IN building, etc.	JURY — At ho	ome, ferm, a	treet, factory,	office		28f. LOCATION (Street		or Rural Rout	e Number,
H	4 Homicide determined		(apoony)					City or Town, State	"		
1	29e. CERTIFIER (Check only	IAN: To the best of my	knowledga, de	eth occurre	d at the time.	date end pla	ce, end due to	o the ceuse(e) end me	nner ee ata	ted.	
COMPLETED	one) 2 MEOICAL EXAMINER										ed menner ee stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER					29c, L	CENSE NUMB	BER	29d. DAT	E SIGNEO (Mo	onth, Day, Year)
é		4.D. C1				101	287	70	>	1-5-	- 95
T	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	T 1 11	M 27) (Tyllof,	SO/	-000	PHI	NSt. Z	BALI	T. Mo	121217
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S									
	JAN U 3 1995 Ju	un dimident	randally								

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	BALTIMORE, MARYLAND 21215-0020	VSICART The law requires that the death certificate be executed within clours after death. Page 6 may be retained by the hospital or attending physician.	to confide the best spread by the attending physician and companies in filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be setabled for use as the burial-transit permit. Pages 1, 2, 3 should be setabled for use as the burial-transit permit. Pages 1, 2, 3 should be setabled for use as the burial-transit permit.	medical examiner must be notified at once.
JA.	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR PREMIOUSPHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNESHAL DRECTOR After mis certifican has been signed by the attending physician and completely filled in by the fun- has flue, within 72 Journa other dustry with the State Denir of Health and Mental Human mins to busin commission or removal	IMPORTANT If tem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTI CERTIFIC				IYGIENE IEG. NO.				
	1. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF			3. T	IME OF DEAT	н
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			-	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E	BIRTH y, Year)	Co		E (State or Fo	
	415-12-3090 1 9a. FACILITY NAME (If not institution, give stree	t and number)	R LOCATION OF O	(Month, De O 2	700	07 A		AMA			
DIRECTOR	MARYLAND GENERAL	L HOSPITAL			TIMORE				_		
JEC.	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION				10d	INSIDE CITY	
	MARYLAND			BAL	CIMORE	RE Ø				LIMITS? NES 2	NO
FUNERAL	100. STREET AND NUMBER 202 E. READ STI	REET		101	21202		0	10g. CITIZEN OF WHAT COUNTRY?			
3									merican India	in.	
BY							i, atc.)		eck, Whi		
	ts. DECEDENT'S EDUCAT (Specify only highest grade cor	ION 16 mpleted)	e. OECEDENT'S US	k done during mo		16b. KIN	D OF BUSIN	ESS/INDUSTR	,		
COMPLETED		College (1-4 or 5+)	HOUSE	etired.)	a a nonding		TIOME	MA IZELO			
M	17. FATHER'S NAME (First, Middle, Last)		HOUSE	WILE	18. MOTNER'S NA			MAKER			
BE CO	EZEKIEL S. KENN	NEDY				EAK		mame)			
5	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural					9	
	JAMES C. WESTFAI				T-BALT						
	1 XBurial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		ACE AND DATE OF I			1/12		TION — CRY OF KRIDG!			
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME AN	D ADDRESS OF FA	CILITY					
	· Lary	d. Loup	men !	RAYMO 426 C	OND C. CRAIN H	FINK WY.S.	FUNE:	RAL HOEN BU	ME NI	2106 E,MD.	1
1	23. PART I. Entar the diseases, or con ahock, or heart failure. Lie	nplications that caused that only one cause on each	na death. Do not n lina.	enter the mo	de of dying, suc	h as cardiac	or reapirat	tory arrest,		Approxima	
	iMMEDIATE CAUSE (Final disease or condition									Onset and	Death
	resulting in death) a	ASPIRATION DUE TO (OR AS A CO		ONIA					_	_9 da	ays
_	RIGHT PLEURAL EFFUSION 9 days										avs
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2	CAUSE (Disease or Injury	DUE TO (OR AS A OS	MOSOUSHOS OF								
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	d										
A I	PART II. Other significant conditions of		not reaulting in	tha undarlying	cause given in		PERFORME	ED?	AVAII	E AUTOPSY FI LABLE PRIOR	10
PHYSICIAN: MEDIC	RIGHT MEDIAST:		. A T A TI T O	N OF I	TROCET	1 (YES 2X	NO	OF D	PLETION OF C	
Σ	PROBABLY ANEU	ONTRIBUTE TO C	AUSE OF	DEATH Y	ES I NO	2 [1]			1 [YES 2 F	10
NA.	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Ch	X-				-	-
rsic		IOSPITAL: X Inpatient 2 - ER/Outpatie		THER: Nursing Hom	5 🗆 Residence	6 Other (Sp	ecify)				
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y WO	RK?	28d. DESCRI	BE NOW INJ	URY OCCURED			
B	2 Accident Investigation	28a. PLACE OF INJURY —	At home down story	M 1 1							
TED	3 Suicide 8 Could not be 4 Nomicide datarmined	building, atc. (Specify)	Al nome, will, sire	ret, factory, offic			wn, State)	1 Number or Rur	H Houte	Number,	
COMPLETED		IN: To the beat of my knowledg							boe (ele	manner ee si	etad
			-		29c. LICENSE NUI			29d. DATE SIGN			
BE C	\preceq	SARWAR	- House	STAFF			1	D 111	/GI	.5	
٩	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Pr	int)				- 1/4	. 71	()	
	SHAKIR SARWA	R. M.D. c/c	MARYI	AND G	ENERAL	HOSPI	TAL				1
	JAN 0 9 1995 July	32 REGISTRAR'S SIGNATU	IRE L								

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	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the red. Page 6 may be retained by the hospital or attending physician.

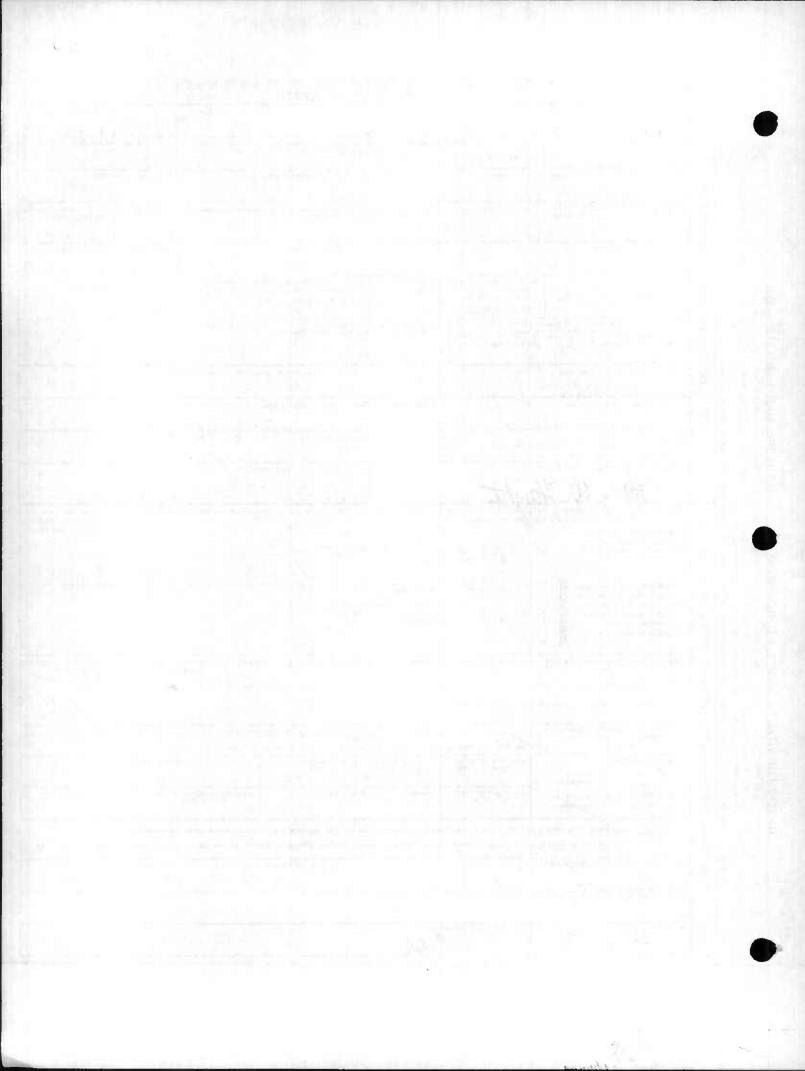
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

JAN 0 9 1995

M. REGISTRAR'S SIGNATURE

	FOR 1 • STATE	STATE OF I					MENTAL HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Last) Av Huy H		Wanpler	San San	P.	DEATH	PEG. NO	AY Q YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 219 14 8794	6. SEX	6. AGE (In yrs. fast i		UNDER 1 YEAR ITHE DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Morth, Day, Year) March 8, 1	Cou	THPLACE (State or Foreign ntry) aryland		
TOR	9a. FACILITY NAME (II not institution, give a Lorien Nurshing				caty, town of Columb	ia	DEATH	9c. COUNTY OF	DEATH Ward		
DIRECTOR	10a. STATE 10b. COUNTY	alto. Cii			OWN OR LOCAT	TION		10d. INSIDE CITY LIMITS? 1.\$\frac{1}{3}\text{YES} 2 \sumsquare NO			
FUNERAL	10s. STREET AND NUMBER 4433 Fenor Ro		<u></u>			. ZIP CODE)5		WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Diverced	FORCES? 1	NT EVER IN U.S. ARM		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	U . S . A . ORIGIN? (Specify Yes or No— 14. RACE — American Indian, Black, White, stc. Specify:			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16e. DECI (Give Ilfo. L	EDENT'S USU kind of work On NOT use ret		ON at of working		SINESS/INDUSTRY	ite		
	H. S. 17. FATHER'S NAME (First, Middle, Last)	-	Pla	nt Mar	nager		AME (First, Middle, Maiden	ton All	ımınum		
TO BE	Luther Wampler Annie Day							21158			
	20e. METHOD OF DISPOSITION 1XDBuriel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from Stata	20b. PLACE AN	ID DATE OF DI	SPOSITION (Na	me of	DATE 20c. LO	CATION - City or			
	PHANY W. X	Paint t			22. NAME AN	ID ADDRESS OF F	Funeral H Sykesville				
	23. PART I. Enter the diseases, or shock or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO	OR AS A CONSEQU	JENCE OF):	fact	de of dying, su	ch ea cerdlac or reep	iratory arreat,	Approximata Interval Between Onset end Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	ON SOUTH THE OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF THE ORDER OF THE ORDER OF THE	+	ailera	76:10	19				
MEDICAL	PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO						No. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3 ☐		HER:	ACE OF DEATH (C	heck only one) 6 Other (Specify)				
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, E	F INJURY Day, Year)	28b. TIME OF INJURY	26c. INJ WO		28d. DESCRIBE HOW	NJURY OCCURED			
	3 Suicide 6 Could not-be determined	28a. PLACE (building.	OF INJURY — At hom, etc. (Specify)	e, ferm, stree	t, factory, offic		28f. LOCATION (Street City or Town, State)	and Number or Rura	f Route Number,		
COMPLETED							e to the cause(s) and me e time, date and place, ar		(a) and menner as stated,		
O BE C	29b. SIGNATURE AND TITLE OF CENTIFIES	bush				29c. LICENSE NU	IMBER TF7	29d. DATE SIGNE	(Month, Day, Year)		

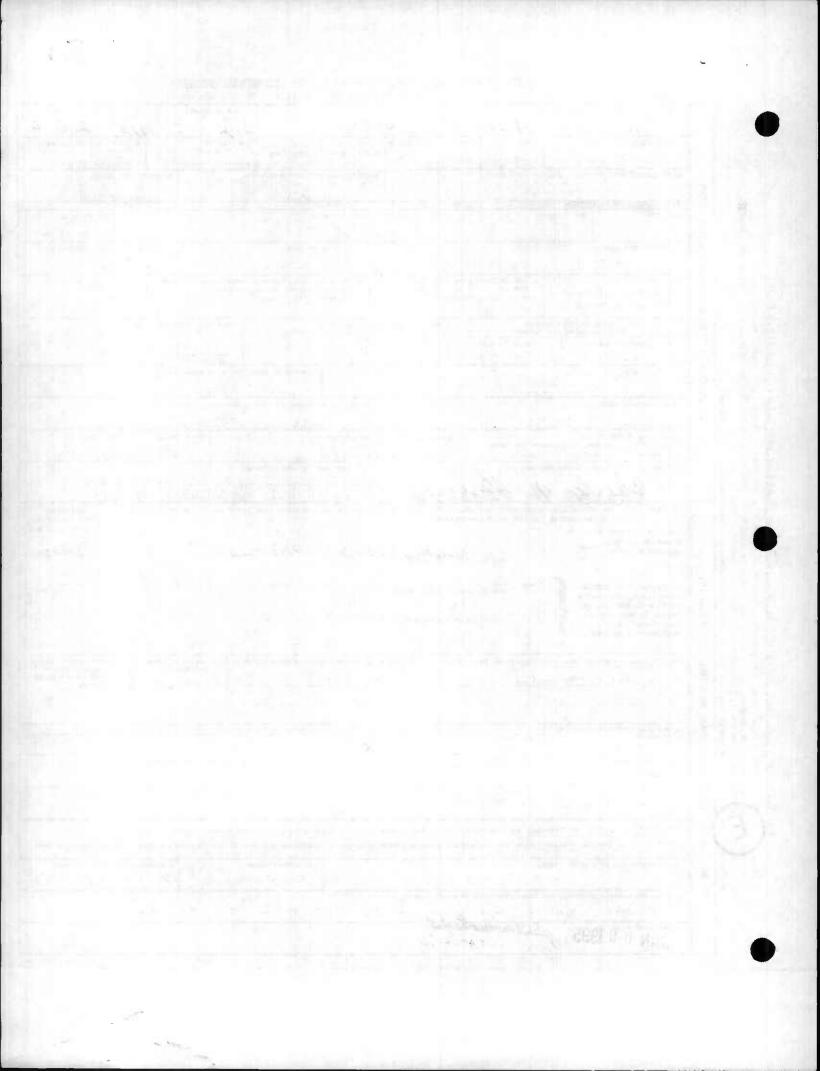


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DIVISION OF VITAL RECORDS, P.O. BOX 6	IL OR ATCHIONG PHYSICIAN: The law requires that the death certificate be exec

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DING PHYSICIAN: The law requires that the death certificate be executed within Fours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
r attendin	use as th		
hospital	tached for		lce.
d by the	d be de		s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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NG PH	fter thi	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	mark
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1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC				GIENE G. NO.				
1. DECEDENT'S NAME (First, Middle, Lee HARRIET	DAKKIEL. F	HARRIS WE	AVER		2. DATE OF DE MONTH		YEAR 2:00 A			
4. SOCIAL SECURITY NUMBER 090-32-1496 96. FACILITY NAME (If not institution, give	1 M 2 F	88 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, AUG . 2 1	, 1906	BIRTHPLACE (State or Foreign Country) VIRGINIA			
FAHRNEY-KEEDY RESIDENCE OF DECEDENT	MEMORIAL HOM			R LOCATION OF DI	EATN		Y OF DEATH HINGTON			
10a. STATE 10b. COUP			TINSBUR				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
100. STREET AND NUMBER ROUTE 3, B	0X 45		101.	ZIP CODE 25401			N OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married XXWidowed 4 Divorced	1. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES QUE WAR OR DATES			D 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No						
(Specify only highest gri Elementary/Secondary (0-12)	(Specify only highest grade completed) (Give kind of life. Do NOT life				T'S USUAL OCCUPATION of work done during most of working TEACHER EDUCA					
12 17. FATHER'S NAME (First, Middle, Last) LUTHER EMMET H	5+	HOSTO IE.	TOHER	18. MOTNER'S NA		Maiden Surname)				
19a. INFORMANT'S NAME (Type/Print) JOSEPH H. WEA				nd Number or Rural	Route Number, City	y or Town, State, Zip Co				
20e. METNOD OF DISPOSITION 1\(\subseteq \text{ Burial 2 \subseteq Cremetion 3 \subseteq \text{Re}}\) 4 \subseteq Donation 6 \subseteq Other (Specify)	20	b. PLACE AND DATE OF Intellery, Cremetory or other ROSEDALE C	DISPOSITION (Nat	me of		RLAND, MD 20c. LOCATION — CH				
21. SIGNATURE OF FUNERAL SERVICE			22. NAME AN BROWN	FUNERAL	HOME,	327 W. KI	ING ST.			
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	nala	ARCI			300			
PART II. Other algorificant conditions and the second seco			the underlying	cause given in	- 4	WAS AN AUTOPSY PERFORMED? YES 2 - NO	24b. WERE AUTOPSY FINDING AMPLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	toollors a D BOA	THER:	ACE OF DEATH (C)		61				
27. MANNER OF DEATH 1	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJI			E NOW INJURY OCCU	CURED			
3 Suicide 6 Could not 8	28e. PLACE OF INJUS	RY — A1 home, farm, streectly)	eet, factory, office		28f. LOCATION City or Town	(Street and Number or n, State)	Rural Route Number,			
one)	/SICIAN: To the best of my kno						l, cause(s) and manner as stated.			
29b. SIGNATURE AND TITLE OF CERTIF	TER MO			29c. LICENSE NU			SIONED (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON	tal and a	34 mic		e MAL.	no.	21740				
JAN 09 1995	July Hillson Sta	nt Andrew Ale								



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: It tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH ANI	MENTAL	HYGIENE
		CE	ERTIFICATE	O	F DEATH		DEG NO

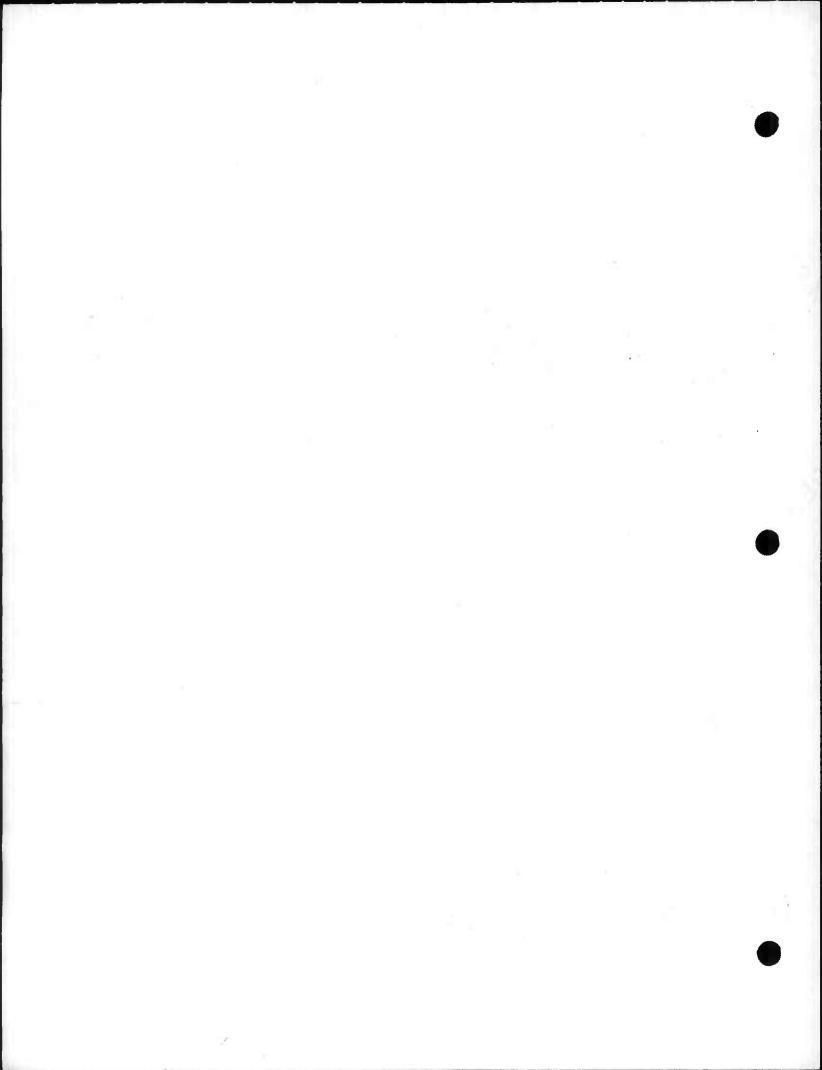
	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Last)	Atkinsu	n			2. DATE OF DEATH		YEAR 3.	TIME OF DEATH 95% M	
	4. SOCIAL SECURITY NUMBER 2/9-70-/644	5. SEX 8. AGE (II	7 YRS. **	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yber)	57	BIRTHPL/ Country	ACE (State or Foreign	
TOR	98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRESIDENCE OF DECEDENT PRESIDENCE OF DECEDENT								Н	
. DIRECTOR	MD 10a. STATE 10b. COUNT	Y		own on Locat Baltim					d. INSIDE CITY LIMITS? XYES 2 NO	
FUNERAL	451 Cummings	Ct.		101	21201		10g. CITIZEN OF WHAT COUNTRY? USA			
ВУ	11 MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		cify Cuban, Maxicar	IIC ORIGIN? (Specify Yen, Puerio Rican, etc.)				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Itte. Do NOT use i	k done during mo:	st of working	16b, KIND OF BU	JSINESS/INDUS	TRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) Ronnie Atkins	on	Onci	пртоус	18. MOTHER'S NAM	ME (First, Middle, Maide) Fuller	n Surname)			
10	Marie Atkinso	n				Balto.,		ode) 2120	1	
	20s. METHOD OF DISPOSITION 12 □ Surial 2 □ Cremation 3 □ Ram 4 □ Donation 5 □ Other (Specify)	oval from Stata ceme	PLACEAND DATE OF stery, cremetory or other Zion		me of		ocation — cir Baltir			
	21. SIGNATURE OF FUNERAL SERVICE LIC	in bot	and	Jam 170	l Laure	lorton &	tt Bal	lto.	eral Home	
	IMMEDIATE CAUSE (Final	s. CIRRHO	S (S	OF	LIVE	R			Approximats Intsrval Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
A	PART II. Other significant condition	a contributing to death bu	t not resulting in	ths underlying	causs given in i	Part I. 24a. WAS AI PERFO	RMEO?	CO OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
PHYSICIAN: MEDIC	DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL		DEATH YES		UNCERTAIN	10				
YSIC	EXAMINER?	HOSPITAL: 1 Inpatiant 2 ER/Outpa		THER:	5 Rasidence	8 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y WO		28d. DESCRIBE HOW	INJURY OCCUP	RED		
	3 Suicide 8 Could not be 4 Homicide determined	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)								
COMPLET		CIAN: To the best of my knowle R: On the bests of examination							d manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIES	alus.	m	1	29c. LICENSE NUM D 2907	BER	29d. DATE S	- 9 -	onth. Day, Year)	
	30. NAME AND ADDRESS OF PERSON WH RIKRISH NAN, M	0,84 N.EI	17AW 57	# 305	BALT	inort.	MD 2	1201		
	JAN 1 0 1995	32. REGISTRAR'S SIGNA	TURE LANG							

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1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		HEGISTHAH		CERTIF	ICATE (OF DEATH	REG. NO		
		1. DECEDENT'S NAME (First, Middle, Last)		ANDE	DCUN		2. DATE OF DEATH JANUARY 7	AY 1005	3. TIME OF DEATH 10:20 A M
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	2 DATE OF BURTH	Lab	IRTHPLACE (State or Foreign
5		349-264188	1 1 M 2 □ F 6	4 YRS.	MONTHS DA	YS HOURS MIN.	May 14,	1930 Î	Tinois
3 should	~	9a. FACILITY NAME (If not institution, give				WN OR LOCATION OF DE		9c. COUNTY (
1, 2, 3	СТОВ	NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COU							COUNTY
SaGe	DIREC	MD Ann	Arundel		y, TOWN OR LE				10d. INSIDE CITY LIMITS?
permit. P		100. STREET AND NUMBER	- Alunder	Gaill	DITII				1 XYES 2 NO
	RAL	2404 Snow Hill	l Court			101. ZIP CODE 21054		USA	OF WHAT COUNTRY?
O sician. ial-tran	FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS	DECENDENT OF HISPAN	IIC ORIGIN? (Specify Ver	or No — 14, F	RACE American Indian,
215-0020 attending physician. se as the burial-transit	BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 Types IF YES, GIVE WAR OR I 1967	2NO DATES - 73		n, specify Cuban, Mexica YES 24 XNO Specify			Specify: White
after after	TED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S (Give kind of	work done durin	PATION g most of working	16b. KIND OF BUS	SINESS/INDUSTR	TY .
	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Operat			Co	mpute	r
YLAND by the hospital be detached to at once.	NO.	17. FATHER'S NAME (First, Middle, Last)		-		16. MOTHER'S NA	ME (First, Middle, Maiden		
≥ ₹ ₹ €	BE C	John Decker				Ethel S	Smith		
MARYLAND retained by the hospit should be detached notified at once.	6	190. INFORMANT'S NAME (Type/Print) Betty Jean Ande	orgon			eet and Number or Rural F			
2 8 0		20s. METHOD OF DISPOSITION	20	b. PLACE AND DATE				CATION — City of	, MD 21054
BALTIMORE, after death. Page 6 may be by the funeral director, page moval. cal examiner must be		1 Buriel 2x Cremation 3 Rem 4 Donation 6 Other (Specify)	coval from State C6	metery, cremetory or o	ther plece)			timor	
ALTIN death. Pag tuneral di f.		21. SIGNATURE OF FUNERAL SERVICE LI		7	22. NAM	E AND ADDRESS OF FA	CILITY		
BAL or deat he fun al.		Dall 1	Cland	C		desty Fur			A. . MD 21401
ely filled in by nation, or remo		23. PART I. Entar the diseases, or ahock, or heary failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	each lina.	not antar the	Mode of dying, auch	CANCE	ratory arreat.	Approximate interval Between Onset and Death
BOX 68760 sate be executed with thysician and complet hybric to burial, cren or traumatic event	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	b. OUE TO (OR AS	a consequence of	asent n	n Di	slore		Syea,
P.O. h certificanding p Hygien or othe	ERTIF	that initiated events resulting in death) LAST	d.	A CONSEQUENCE O	F):				0
the deat the atte d Mental		PART II. Other aignificant condition	na contributing to death	but not resulting	in the undari	ying cause given in			24b. WERE AUTOPSY FINDINGS
O RA	EDICAL	-					1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
III 'S O'T E	Σ								1 TYES 2 AND
3 ge 8 g L	AN	DID TOBACCO USE CONT 25. WAS CASE REFERRED ID-MEDICAL	RIBUTE TO CAUSE C	26. PLACE OF DEA			1 🗆		
F VITA SICIAN: The certificate h the State I	SICI	EXAMINER?	HOSRITAL:		OTHER:	Home 5 Rasidence	8 □ Other (Specify)		
O 뜻 원을 함	Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 6 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW II	JURY OCCURED	
DIVISION OR ATTENDING F DIRECTOR: After I hours after death	red BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28a. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, soffy)	street, factory, o	offica	261. LOCATION (Street a City or Town, State)	nd Number or Ru	ral Route Number,
S SE SE SE SE SE SE SE SE SE SE SE SE SE	ET	29a. CERTIFIER CERTIFYING PHYS	CIAN: To the best of my knew	wieddy, death occurry	ed at the time	data and place, and due	to the cause(s) and man	nor on eleted	
TO THE HOSPITAL OF THE FUNERAL DE FIEM WILDIN 72 he IMPORTANTE THE	COMP	(Check only one) 2 MEDICAL EXAMINE	R: On the beate of examination	on andrae investigation	my opinio	n, death occured at the	fime, data and place, an	d due to the cau	se(a) and manner as stated.
E E E E	W III	296. SIGNATURE AND TITLE OF CENTURE	201 1			29c. LICENSE NUM	BER /A R	29d. DATE SIGN	NED (Month, Day, Year)
5 5 8 M	9 01	Cell	4 5	/		Mody	(FU)	M/0	7/9(
		30. NAME AND ADDRESS OF PERSON WHE ELLIOTT GORBATY,	M.D. /7845 O	EATH (ITEM 27) (Type, AKWOOD RO	AD #20	3/GLEN BUR	NIE/MARYLA	ND 210	81
		31. DATE FILED (Month, Day, Year)	ANTERETHIN AND	ATURE		-,			
		JAN 1 0 1995 Ju	UA WILLIAM						



	1. DECEDENT'S NAME (First, Middle	JE	SERTH!		INSON-	BROWN			2. DATE MONT	OF DEATH	Bo A	95	3. TIME OF DEAT	
ERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 215-14-4061	5. St	EX M 2	6. AGE (In yr	rs. last birthday) YRS.	IF UNDER 1 YE		DER 24 HRS.	7. DATE	OF BIRTH	1905	6. BIRTH	PLACE (State or Fo	
	9a. FACILITY NAME (If not institution	on, give street an	nd number)		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9b. CITY, TO				• 1 6 ,		NTY OF DI		
	MERIDENE C ATON MANOR RESIDENCE OF DECEDENT 100. STATE 100. COUNTY					BALTIMORE				n/a				
	MARYLAND n/a					10c. CITY, TOWN OR LOCATION BALTIMORE							10d. INSIDE CITY LIMITS? 1 YES 2	
	100. STREET AND NUMBER 3330 W. WILKENS AVENUE 101. ZIP CODE 102. CITIZEN OF UNITED													
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR			YES 2	2 ANO If yes, specify Cuben, Maxican			INIC ORIGIN? (Specify Yea or No — 14. RACE — An, Puerto Rican, etc.)			- American India, White, etc.			
ETED	15. DECEDENT (Specify only higher Elementary/Secondary (0-12)		eted)		e. DECEDENT'S (Give kind of life. Do NOT us	work done during	ATION most of wo	rking	16b. KIND OF BUSINESS/INDUSTRY					
COMPL	10 TH		comada (1-4 0t 2 +)			DMEMAKER				DOMES	TIC			
Ш	17. FATNER'S NAME (First, Middle, L RICHARD JO						18. M	OTHER'S NA	ME (First, I	Middle, Maide K H	n Sumame) ILL			
TO B	194. INFORMANT'S NAME (Type/Prin	BROWN			196. MAILING	AOORESS (SIN	et and Num	ber or Rural F	TIV	ber, City or To	wn, State, Zip MARYL	Code) AND	21228	
	20a, METNOD OF DISPOSITION 1/ Burlel 2 Cremetton 3	☐ Removal fn	om Stata	20b. PLA	ACE AND DATE	OF DISPOSITION	(Name of		OAT	E 20c, L	OCATION —	City or Tow	vn, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH1101 E. NORTH AVENUE													
	23. PART 1. Enter the disesse shock, Dr heart fs	is, or complisiture. List or	cstions that	avul caused the	e desth. Do r								Approximation interval Be	
RTIFICATION	SHOCK, OF HEALT IS	ss, or compiles liure. List or	DUE TO	bable 108 AS A GOA	MISEGUENCE OF	not enter the							AVENUE Approximation interval Be Onset and	
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CIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition of the conditions of the cause of the cause. Examiners of the cause	nditiona cont	DUE TO DU	COR AS A COM	INSERUENCE OF	not enter the	mode of a	dying, such	Part I.	24a. WAS AI PERFO	N AUTOPSY PRMED?	24b.	Approximinterval Be Onset and Onset	
SICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant con 25. WAS CASE REFERRED TO MEDITE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	nditiona cont	DUE TO DU	COR AS A COM	INTEGUENCE OF	not enter the	ring cause	dying, such	Part I.	24a. WAS AI PERFO	N AUTOPSY PRMED?	246.	WERE AUTOPSY FI	
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ETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending investig 3 Suicide 8 Could no determined to the condition of the could be coul	nditions cont	DUE TO (DUE TO (SPITAL: Inpellent 2 ((Month, Da) 28a. PLACE OF 1	GR AS A COM	INTEGUENCE OF	on the underly the corp. T	recommendation of the comment of the	e given in	Part I.	24a. WAS AI PERFO	NAUTOPSY RMED? 2 [] NO CC	24b.	WERE AUTOPSY FINANALABLE PRIOR COMPLETENCE OF DEATH?	
OMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investig 3 Suicide 8 Could in Investig 3	ICAL HOS 1 I I I I I I I I I I I I I I I I I I	DUE TO DU	COR AS A COR CO	INTEGUENCE OF THE STATE OF THE	not enter the	PLACE OF INJUSTY AT WORK? YES 2 Intile and place and p	e given in DEATN (Che	Part I. Part I. Ck only on 8 Other 28d. DES	24a. WAS AI PERFO 1 YES 1 (Specify) CRISE NOW ATION (Street	NAUTOPSY RMED? 2 [] NO CO	24b. URED	Approximination of the control of th	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	ERTIFICATE O	DEATH	REG. NO).						
	1. DECEDENT'S NAME (First, Middle, Lest) FRANK BYNUM			2 DATE OF DEATH	, 1995	ar 2111 M					
	4. SOCIAL SECURITY NUMBER 212-42-8421	YRS. F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH O (Menth, Say, Year)		BIRTHPLACE (State or Foreign					
TOR	9a. FACILITY NAME (If not institution, give street and number) UNIVERSITY HOSPITAL 9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY 1/a										
DIRECTOR	10e. STATE MARYLAND 106. COUNTY n/a 10c. CITY, TOWN OR LOCATION BALTIMORE										
FUNERAL	100. STREET AND NUMBER 4800 YELLOW WOOD ROAD 21209 UNITED										
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		CENDENT OF HISPA pecify Cuban, Mexico S 2/13/ NO Specif	NIC ORIGIN? (Specify Year, Puerto Rican, atc.) fy:	e or No — 14.	RACE — American Indien, Black, Whita, etc. Specify: BLACK					
COMPLETED	(Speciny only nignest grade completed) ((College (1-4 or 5 +)	ECEDENT'S USUAL OCCUPAT Give kind of work done during re to Do NOT use retired.) LABORER	ION nost of working	166. KIND OF BU	F BUSINESS/INDUSTRY						
BE COM	17. FATHER'S NAME (First, Middle, Last) GENTLE BYNUM		16. MOTHER'S NA	AME (First, Middle, Meider	Surname)	DOVA BLAKE					
TO B	194. INFORMANT'S NAME (Type/Print) CORDOV A WRIGHT	1732 E. 2	and Number or Rural 5 TH S	Route Number, City or You TREET, BAL	vn, State, Zip Coo						
	4 Donation 5 Other (Specify)	and date of disposition (VA CEM	1-9 OW	INGS M	or Town, State					
	21. SIONATURE OF FUNERAL SERVICE LICENSEE		. MARCH	FH1101	E. NOR	TH AVENUE					
	23. PART I. Enter the diseases, or complications that caused the deahook, or heert fallure. List only one cause on each line immediate CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSE	e.	oda of dylng, suc	th an cerdisc or resp	iratory srrest	Approximata Interval Between Onset and Death					
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Due to (or as a consequence of): UNKNOWN Due to (or as a consequence of):										
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in death) LAST	OUENCE OF):									
DICAL	PART ii. Other significent conditions contributing to deeth but not i	resulting in the underlyi	ng cause given in	Part i. 24e. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
M	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEA	ATH YES NO [UNCERTAI	NA		1 U YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Ves 2 NO 1 Ves 2 ER/Outpatient 3	OTHER:		V 22-11-11-11							
Ä	27. MANNER OF DEATH 260. DATE OF INJURY (Month, Day, 'Vear)	26b. TIME OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW	NJURY OCCUR	ED					
BY	2 Accident Investigation	M 1 🗆	YES 2 NO								
	3 Suicide 6 Could not be datarmined 26a. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, atreet, factory, offi	en :	281. LOCATION (Street City or Town, State)		tural Route Number,					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, de one) 2 MEDICAL EXAMINER: On the basis of axamination and/or					use(a) and manner as stated,					
TO BE	296. SIONATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI	WBER	29d. DATE SIG	GNED (Month, Day, Year)					
		Himore N	10.								
	JAN 1 0 1995										

DIVISION OF VITAL RECORDS, P.O. BOX 68769

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TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	;	STATE OF M	ARYLAN	D / DEPAR CERTIFI				MENT	AL HYGIEN REG. NO.	E		
1. OECEDENT'S NAME (First, Midd	lie, Last)					-		2. DAT	E OF DEATH			3. TIME OF DEATN
Margaret E .	Be	arce						Jan			995	10:30 p.m. M
4. SOCIAL SECURITY NUMBER	5.	SEX	8. AGE (In yr	s. last birthday)	IF UNDER 1 Y		UNDER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTH	IPLACE (State or Foreign
038-16-8816		☐ M 2 ☐XF	99	YRS.	MONTHS E	DAYS H	OURS MIN.	June	e 21, 1	895	MA	ÎNE
9e. FACILITY NAME (If not institution		end number)					OCATION OF D	PEATH		9c. COUN		
Stella Man					T(OWSO	<u> </u>			BA	ALTI	MORE
	COUNTY			10c. CITY	, TOWN OR	LOCATION	1					10d. INSIDE CITY
MARYLAND	BALTI	MORE		1	rowson	N						1 TYES 2 THO
10e. STREET AND NUMBER						101. ZII	P CODE			10g. CITIZ	EN OF	WHAT COUNTRY?
2300 Dulane							21204			Ţ	JSA	
11. MARITAL STATUS 1 Never Merried 2 Merri		. WAS OECEDEN'S FORCES? 1	EVER IN U.S	ARMED NO	13. WA	S OECENE	ENT OF HISPA	NIC ORIG	IN? (Specify Yee	or No-	14. RACI Blaci	E — American Indian, k, White, etc.
3 X Widowed 4 Divorced		IF YES, GIVE W	AR OR DATES				NO Speci		,		Spec	
15. DECEOEN	T'S EDUCATI	ON	186	. DECEDENT'S (USUAL OCCI	UPATION		16	b. KIND OF BUS	INESS/INDI		ITE
(Specify only high Elementery/Secondary (0-12)		pleted) allege (1-4 or 5 +		(Give kind of w life. Do NOT use	ork done dur retired.)	ring most o	f working					
		2		Schoo	ol Tea	ache	r		Educat	ion		
17. FATNER'S NAME (First, Middle,						.16	. MOTHER'S N	AME (First,	Middle, Maiden	Sumame)		
		Courri	er						abeth M			
190. INFORMANT'S NAME (Type/Pi		1							nber, City or Town			
Elizabeth	D. Al	теп							nd, Mai			5 - F22-514
1 XBuriel 2 Cremation 4 Donetion 5 Donetion	Removal	from State	cemeter)	CEAND DATE O	r DISPOSITION C.	emete	ייר ב סייר ב	JAI	/	rud 11	•	wn, state Maine
21. STOWATURE OF VINERAL SES		EE	1 50	· IIulic	_					LVIII	, ,	Tarne
SOW ALL	Len	mon)				n Funer					- 01000
1 occopy	The second second	won		diam n								D 21093
23. Part 1 Enter the disease ahock, or heert	fallure. List	only one caus	e on eech	iine.								Approximate interval Batwean
iMMEDIATE CAUSE (Final disease or condition		Λ.	+10	S S	-0	1 4 7	1.	1.	o and	di	21	Onset and Death
reaulting in death)	a	DUE TO	OR AS A CO	NSEQUENCE OF	1.	· ·	u	ne	The state of			
					,-							j
Sequentially list conditions, if any, leading to immediate		OUE TO (OR AS A COL	NSEQUENCE OF):							
cause. Enter UNDERLYING CAUSE (Disease or Injury												
that initiated eventa reaulting in death) LAST		OUE TO (OR AS A CO	NSEQUENCE OF):							
readiting in death) CAST	d											
PART II. Other significant co	nditiona co	ontributing to	seeth but n	ot resulting in	the unde	erlying co	euse given in	Pert I.	24a. WAS AN		24b	. WERE AUTOPSY FINDINGS
									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1 1 123 2	W NO		OF DEATN?
DID TOBACCO USE (CONTRIB	UTE TO CAL	JSE OF D	EATH YES	S NO	0 🗆	UNCERTAI	N 🗆				
25. WAS CASE REFERRED TO MED EXAMINER?		OSPITAL:	26. 1	PLACE OF DEATH		y one)						
1 TYES 2 NO		Inpatient 2	ER/Outpatier		OTHER:	g Home 5	i □ Residence	a 🗆 Oth	er (Specify)			
27. MANNER OF DEATH		28e. DATE OF (Month, Da		28b. TIME INJU	OF 26	Bc. INJURY WORK?	AT	28d. DE	SCRIBE NOW IN	JURY OCC	URED	
1 W Netural 5 Pendi 2 Accident Invest	ng Igetion						2 NO					
3 Suicide 8 Could 4 Nomicide determ		28e. PLACE OF building, o	INJURY — /I tc. (Specify)	t home, ferm, at	ree1, fectory	, office		2af. LO City	CATION (Street e y or Town, State)	nd Number (or Rural F	Route Number,
-												
2001		: To the best of i										
2 MEDICAL E		n the basis of ex	mination end	1/or Investigation	, in my opin	nion, death	occured at the	e time, dat	e end place, end	due to the	cense(e) end menner ee stated.
296. SIGNATURE AND TITLE OF C	ERTIFIER	>	200				c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PER	SON WHO CO	MOI STED CAUS	OF PEATE	OTEM AT CT	D-i-el	10	25686			P /-	- ((-13
Dr. Ebrahim Ipako				ney Valle		i To	wson Ma	1 211	20/1			
31. DATE FILED (Month, Day, Year)	_	32 REGISTINA			y Noau	10	WSUII I'K	J. CIC	.04			
10010	4UN	WATER OUT	INCOLLEGE!	Liste La Ma								

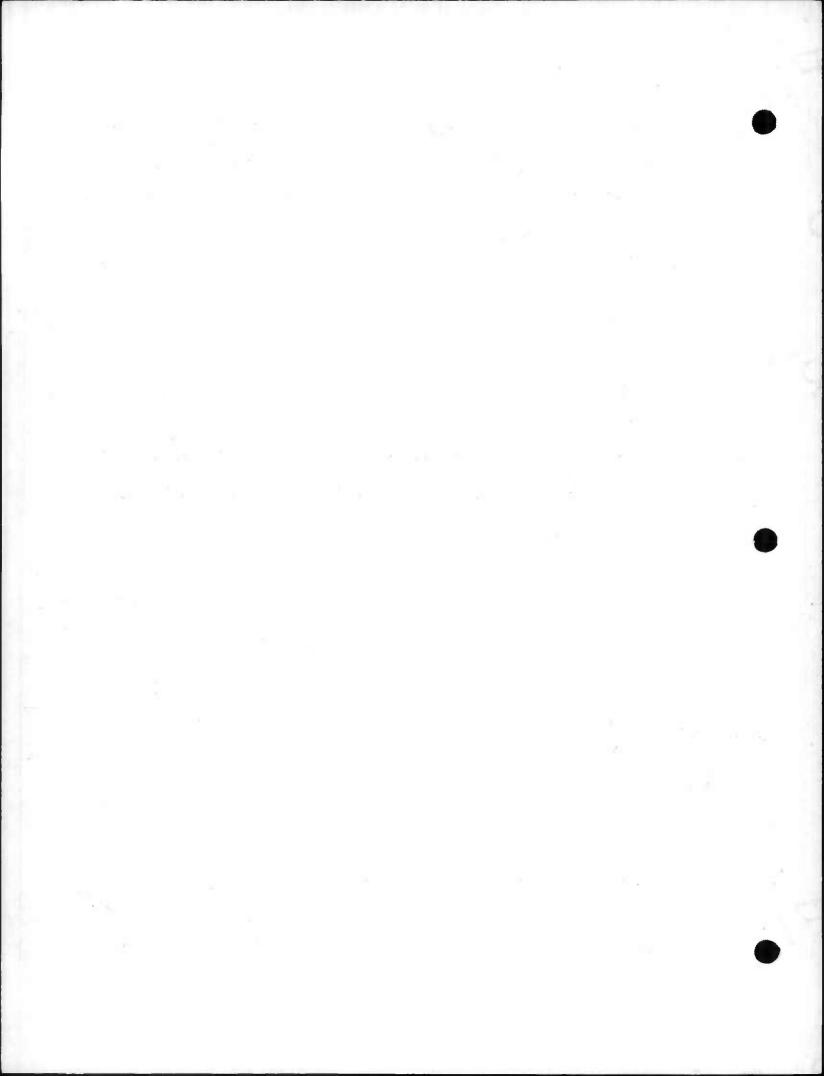
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENT TO THE FUNERAL DIRECTOR BE filed within 72 hours and IMPORTANTS. If Item 24

nding physician.	s the burial-transit permit. Pages 1, 2, 3 should			
 h. Page 6 may be retained by the hospital or atte 	eral director, page 5 should be detached for use a		niner must be notified at once.	
NUMBER The law requires that the death certificate be executed with Flours after death. Page 6 may be retained by the hospital or attending physician.	antificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	tate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	er Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
SICIAN	STATE OF	9	10	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			TE OF BEATH	2. DATE OF DEATH	3. TIME OF DEATH
	JANET	ANN F	OUDOUTA	-	MONTH DAY	YEAR AO
	4. SOCIAL SECURITY NUMBER	T	BOUROUIN In yrs. last birthday) #F u	NDER 1 YEAR #F UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRTHPLACE (State or Foreign
	23.0 20 2402		4 YRS. MONT		(Month, Day Year)	Country)
	218-28-3493 9s. FACILITY NAME (If not institution, give s	street and number)	- Oh	CITY, TOWN OR LOCATION OF D	April 6, 193	O Pa.
DIRECTOR	305 E. Joppa Rd.			Towson		Baltimore
<u>n</u>	10a. STATE 10b. COUNTY	Y	10c. CITY, TO	VN OR LOCATION		10d, INSIDE CITY
뜽	Md. Ba	ltimovo				LIMITS?
	10e. STREET AND NUMBER	ltimore		TOWSON 101. ZIP CODE	100	g. CITIZEN OF WHAT COUNTRY?
FUNERAL	305 E. Joppa Rd.			21286	101	U.S.A.
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	III ADMED			
교	1 Never Merried 2 Married	FORCES? 1 YES	2 (24O)	13. WAS DECENDENT OF HISPA It yes, specify Cuban, Maxico	in, Puerto Rican, etc.)	io— 14. RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 YES 2 NO Specif	y:	Specify:
	15. DECEDENT'S EDU	CATION	18a. DECEDENT'S USUA	LOCCUPATION	16b, KIND OF BUSINES	White
COMPLETED	(Specify only highest grade Elementery/Secondary (0-12)	completed)	(Give kind of work of life. Do NOT use retir	one during most of working	100. KIND OF BUSINES	IS/MDUSTRY
1	3 3	College (1-4 or 5+)		7.55		
N N	17. FATHER'S NAME (First, Middle, Last)		Unen	ployed		
ပြ	A STATE OF THE PARTY OF THE PAR			16. MOTHER'S NA	ME (First, Middle, Maiden Sume	arne)
8	Warren D. Bourqui	n, Sr.			es Mae McMah	
ဍ	196. INFORMANT'S NAME (Type/Print)		1	RESS (Street and Number or Rural		ite, Zip Code)
	Mr. Warren D. Bou			de Rd. Arnold	, Md. 21012	
	20a. METHOD OF DISPOSITION 1 Deuriel 2 Cremation 3 Ram	oval from State com	PLACE AND DATE OF DIS		DATE 20c. LOCATIO	ON — City or Town, State
	4 □ Donation 5 M Other (Specify) En	tombment bul	aney Valle	y Mem. Gdns.		nium, Md.
	21. SIGNATURE OF FUNERAL SERVICE CO	SENSEE (22. NAME AND ADDRESS OF FA		
	11 / //	(VIIV)		Ruck Towson F		
	23. PART I. Enter the disasses, or o	complications that caused	the death Do not a	1050 York Rd.	Towson, Md.	21204 ry arreat, Approximate
	ahock, or haart failure. iMMEDIATE CAUSE (Final	List only one cause on as	ich iina.		-	interval Between Onset and Death
	disease or condition	Stales	-1-	Cardols		1
	resulting in death)	a. DUE TO (OR AS A	CONSEQUENCE OF:	Cardo Va	sevier	tsease
-						
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF):			
Ă	if any, leading to immediate cause. Enter UNDERLYING					ĺ
윤	CAUSE (Disease or injury that initiated eventa	C. DUE TO (OR AS A	CONSEQUENCE OF):			
E	resulting in death) LAST					
핑		d				
AL	PART ii. Other significant condition	a contributing to death be	ut not reaulting in the	undariying cause givan in		
	- /				PERFORMED	COMPLETION OF CAUSE
MEDIC					1 🗆 YES 2 🔃	OF DEATH!
					—	1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			A4 PU 105 OF REATH O		
<u> </u>	EXAMINERA	HOSPITAL:		26. PLACE OF DEATH (C)		
Ι¥S	1 FYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp		Nursing Home 5 Attaildence	100	
ᆸ	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW INJUR	Y OCCURED
BY	2 Accident investigation			1 YES 2 NO		
B	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	 At home, 1erm, street, ify) 	factory, office	281. LOCATION (Street and No City or Town, State)	lumber or Rural Route Number,
	datermined					
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowl	edge, death occurred at	he time, date and placa, end due	to the cause(a) and manner a	as stated.
M						s to the cause(s) end manner as stated.
- 1	29b. SIGNATURE AND TOLLE OF CERTIFIES		-			
8	Wal	10		29c. LICENSE NU	290	1. DATE SIGNED (Month, Day, Year)
၉	30, NAME AND ADDRESS OF PERSON WH	1000	mill	11/07	28-5	17195
-	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Print)	-	1	Baltand 2.12/1
1	- Harlestac	10) Grave	((1111) -	408 Nas	Derklas	used II Hami
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SION	TURE		/	Hells
	DAIN - 0 1000	The state of the s				



IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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BOX 68760	
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VITAL RECORDS, I	
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Finithicate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State, pept. of Health and Mental Hygiene prior to burial, cremation, or removal. AN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTEND STATE TO THE FUNERAL DIRECTIVE ATTENT TO THE filed within 72 hours attended

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	HYGIENE
3	CERTIFICATE OF DEATH	REG NO

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC				IENE . NO.		
	t. DECEDENT'S NAME (First, Middle, Last) MARTHA	L	BER	MAN		2. DATE OF DEA MONTH JAN 6,	TH DAY	YEAR	3. TIME OF DEATH 1:30 A. M
	4. SOCIAL SECURITY NUMBER 216-01-2578	1 - M 2 X F 8	9 YRS. MO	UNGER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		,1906	Count	RYLAND
TOR	98. FACILITY NAME (If not institution, give s PIKESVILLE NURSIN RESIDENCE OF DECEDENT		96	PIKES	F LOCATION OF DE	ATH		TIMO	
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND BALT			OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 7203 VALLEY COUNTR	RY CT., APT.	A-1	101	21208		10g. CITI		WHAT COUNTRY?
В	11. MARITAL STATUS 1 \(\overline{N} \) Never Merried 2 \(\overline{D} \) Merried 3 \(\overline{N} \) Widowed 4 \(\overline{D} \) Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF NISPAN acify Cuben, Maxica NO Specify	n, Puerto Rican, et		Speci	E — American Indien, k, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S USU (Give kind of work life. Do NOT use re SALES LAI	done during mo tired.)			F BUSINESS/IND	USTRY	
	17. FATNER'S NAME (First, Middle, Last) ISAAC	BERMA	N .		16. MOTNER'S NAME JENNY		alden Surname)	PUM	IPIAN
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural F	Route Number, City	or Town, Stete, Zip	Code)	
-	MRS. SANDRA BERMA				JEY DR.	BALTIMO	RE, MD	212	208
	30s. METNOD OF DISPOSITION Durisl 2 Cremetion 3 Rem Donation 5 Other (Specify)	eval from State C	Ob. PLACE AND DATE OF D emetery, cremetory or other	placel		1	c. LOCATION —		
	21. SIGNATURE OF FUNERAL SERVICE LO	telluser		22. NAME AN SOL LE	L/8/95 id address of fac VINSON & EISTERTOW	BROS.,			
	23 PARTI. Enter the disease, or o shock, of heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	aCAV d	ed the death. Do not each line.	antar tha mo	da of dyling, auch	aa cardiac or	respiratory arr	eat,	Approximats Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Dugest pue so con as c. Alles	A CONSEQUENCE OF): A CONSEQUENCE OF):	heart oros)	dires	(-			
MEDICAL C	PART II. Other significant condition DWORL No.	a contributing to death CO1	but not resulting in ti	na undarlylng	j causa givan in i	PE	AS AN AUTOPSY REFORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONTI	RIBUTE TO CAUSE	OF DEATH YES		LINICEDTAIN				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (C	check only one)	ONCERIAII	, LJ			
YSI	1 TES 2 NO	HOSPITAL: 1 Inputient 2 ER/Ou		Nursing Hom	5 🗆 Rasidenca	6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH This is a second control of the second contro	28e. DATE OF INJURY (Month, Day, Year)	INJŪRY	M 1 1	RK? 'ES 2 NO	28d. DESCRIBE N			
TED	3 Suicide 8 Could not be 4 Nomicide determined	building, etc. (Sp	RY — At home, ferm, atree ecify)	t, fectory, office	'	261. LOCATION (S City or Town,		or Rural F	loute Number,
COMPLETED		CIAN: To the best of my kno) and manner as stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER		2		29c, LICENSE NUM		29d. DATE		
0	30. NAME AND ADDRESS OF PERSON WHO	TER, M	D (91	WALK	KER A	VE, BB	4111	Olt	1752/10/2
	31. DATE FILED (Mynth, Pay, Year)	995 REIGHT HAN'S SIG	NATURE RENGELL						

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flowers after death. Page 5 may be retained by the thospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be neitfied at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		6		95	00292
Item#20b Per F.H. FOR STATE REGISTRAR STATE	OF MARYLAND / DEPART				
1. DECEDENT'S NAME (First, Middle, Last)	CERTIFIC	CATE OF DEATH	REG. NO.		3. TIME OF DEATH
TOTAL S Brown 4. SOCIAL SECURITY NUMBER 5. SEX			Jan 0	7 95°	11-291
224-32-5388 1 D M 2	F 87 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. HONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-12-190	7 Counti	Lanes,
9a. FACILITY NAME (If not institution, give street and num Howard County Gene RESIDENCE OF DECEDENT		9b. CITY, TOWN OR LOCATION OF D	EATH	Howard Howard	k Carolin
10a. STATE 10b. COUNTY		TOWN OR LOCATION			10d. INSIDE CITY
MD Howard	C	olumbia			LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF V	VHAT COUNTRY?
10383 Painted Cur	9	21044		USA	
	ECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPA If yea, specify Cuban, Maxico	IC ORIGIN? (Specify Yea or	No- 14, RACE	— American Indian, c, White, etc.
3 Widowed 4 Divorced	GIVE WAR OR DATES	1 YES ZZ NO Specific		Speci	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S U (Give kind of wo	ork done during most of working	16b. KIND OF BUSIN	ESS/INDUSTRY	
Elementary/Secondary (0-12) College (1	I-4 or 5+) life. Do NOT usa	n/a	i	2/2	
12th 17. FATHER'S NAME (First, Middle, Last)				n/a	
		16. MOTHER'S NA	ME (First, Middle, Maiden Su	meme)	
Blijah Staggers 190. INFORMANT'S NAME (Type/Print)			Morant		
		ADDRESS (Street and Number or Rural		. ,	
David Burton 20a, METHOD OF DISPOSITION	3704 20b. PLACE AND DATE OF	Campfield Rd			21207
1 Burtal 2 Cremation 3 Ramoval from St	tota WESTERM othe	er place)	1	TION — City or To	
21. SIGNATURE OF FUNERAL SERVICE LIBERISEE	Western	Star Cemeter	7 1/12/95	Balto.	Md
Lervy O. Du	lett	Leroy 0. Dy 4600 Libert	ett & Son	Funera e Balt	1 Home, 1
23 PART I. Enter the diseases, or complication thock, or heart failure. Lint only o	na that caused the death. Do no	t entar tha mode of dylng, aud	n as cardictor prairie	lory arrest,	Approximate
IMMEDIATE CAUSE (Ploat					Interval Between Onset and Death
disease or condition a. A	cute Pulmon	ary edem	\		24 How
	Cute Pulmon DUE TO (OR AS A CONSEQUENCE OF): 170 Candial I DUE TO (OR AS A CONSEQUENCE OF):				
Sequentially list conditions,	140 Cardral 1	ntanation			24 Hours
y, iananing to miningalata	DUE TO (OR AS A CONSEQUENCE OF):				
cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (DE 10 1 00000000000000000000000000000000				
that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):				
d					
PART II. Other algnificant conditions contribute	ting to death but not reaulting in	tha underlying ceuse given in			WERE AUTOPSY FINDINGS
Arule Lower Gasti	ointerlinal Ble	2cdung	PERFORMI		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Strokes		0		5.0	
DID TOBACCO USE CONTRIBUTE TO	O CAUSE OF DEATH YES	□ NO □ UNCERTAI	<u>ч</u> П		OF DEATH?
25. WAS CASE REFERRED TO MEDICAL					OF DEATH? 1 □ YES 2 □ NO
	26. PLACE OF DEATH	(Check only one)			
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City

ELLICOTT

32 REGISTRAN'S SIGNATURE Sulva d'Aurélan Randalt

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

"1995

31. DATE FILED (MONTH)

MD-21042

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7. FATHER'S NAME (First, M			DC	mest	1C Wor	18. MOTHER'S N		Middle, Malden	Sumame)		
9a. INFORMANT'S NAME (7	Type/Print)			and the second second		nd Number or Rura	Aoute Num	nber, City or Tow	n, State, Zip Co	-	
0a. METHOD OF DISPOSIT	ION on 3 🗆 Rem		20b. PLACE cemetery, cre	AND DATE OF ematory or other	DISPOSITION (Na er place)	me of	DAT	TE 20c. LO	CATION — City	or Town, S	State
	-	Dulot	+	co Cr	LEROY	O. DY	ETT	& SON	FUNE	RAL	HOME, I
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if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju that initiated events	diste ING Iry	c				(A)D	> 2	/ 609	~ ~		8 yrs
CMV D Igo	nt condition		,	~			n Part i.	PERFOR	IMED?	AMAI COM OF E	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION DF CAUSE DEATH?
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3 Suicide 8		28e. PLACE OF building, et	INJURY — At ho c. (Specify)	ome, ferm, atro	rest, factory, office				and Number or I	Rural Route	Number,
										suse(e) end	menner as stated.
96. SIGNATURE AND TITLE	OF CERTIFIEF	5	Resi	det	M-D.	29c. LICENSE NO	JMBER 97	3 ()	29d. DATE SI	S/9	th, Day, Year)
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Enter the diseases, or complications that caused the death. Do not enter the mode of dying, survivors, for higher failure. List only one cause on each line. 273. PART II. Other significant conditions as a consequence of: 274. DUE TO (OR AS A CONSEQUENCE OF): 275. DUE TO (OR AS A CONSEQUENCE OF): 276. DUE TO (OR AS A CONSEQUENCE OF): 277. MAINTENDED TO MEDICAL 278. PLACE OF DEATH YES NO NONE OF DEATH YES NO NONE OF DEATH YES NO NONE OF DEATH YES NO NONE OF DEATH YES NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	TRATHER'S NAME (First, Mickelle, Last) Maurice Harding 19b. MAILING ADDRESS (Street and Number or Partal Routh Name) Patty Ann Perry (a. 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BALTIMORE, MARYLAND 21215-0020 TENDING PHYSICIAN: The law requires that the death certificate be executed with

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IRVININS PHYSICIAN: The law requires that the death certificate be executed within the found of the fundament by the hospital or attending physician.

This settificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

M.D.

ALFRED MORGAN,

JAN 1 0 1995

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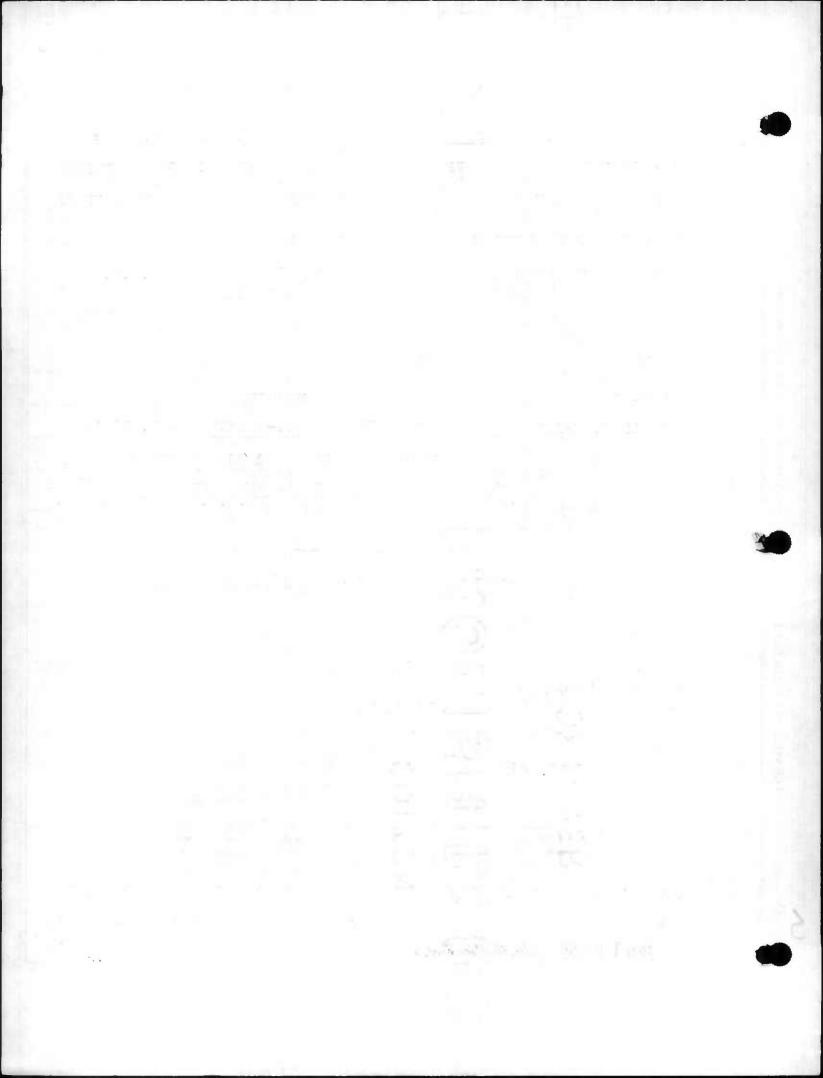
TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTM CERTIFICA			MENTAL HYGIEN REG. NO	_		
1	1. DECEDENT'S NAME (First, Middle, Lest) EVELYN ESTELLE	BEATT	Y			2. DATE OF DEATH DO NORTH DANUARY 5		3. TIME OF DEATH 22:02	м
	4. SOCIAL SECURITY NUMBER 228 32 9616	1 □ M 2 🖾 F 81	YRS. MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) June 9, 19	13 Vi	BIRTHPLACE (State or Foreign Country) Pginia	
	90. FACILITY NAME (If not institution, give structured of DECEMENT AND PRESIDENCE OF DECEMENT	,			FREDERI		CALVE		
	MD AA	Со	DEALE	WN OR LOCAT	TION			10d, INSIDE CITY LIMITS? 1 - YES 2 NO	
	483 DEALE RD.		-	2	20751		USA	OF WHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married Never Married 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	XMO	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Ricen, atc.)		RACE — American Indian, Black, White, etc. Specify:	Ī
	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		Give kind of work of the Do NOT use reti	done during mo	ON st of working	16b. KIND OF BU	11.0		
	17. FATHER'S NAME (First, Middle, Lest) LUTHER WILLIAM BE.	-	lair Dres	ser		Beaut: ME (First, Middle, Melden LOTHROPE	Surname)		_
19a. INFORMANT'S NAME (Type/Print) Lawrence W. Lunceford 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 874, Warrenton, Va. 22186							ie)	_	
	20a. METNOD OF DISPOSITION 14/2 Byrlal 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	val from State cemetery	ceand oateof dir.	viace)		DATE 20c. LO 10-95 War	cation – city		
	21. SIGNATURE OF FUNERAL SERVICE LICE	Haulesty		12 RII	GLEY AVE	CLITY E;ANNAPOLIS RAL HOME P	5,MD.2		
	23. PART I. Enter the dieeese, or co shock, or haart fellure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	let only one ceuse on each	line.	enter the mo	de of dying, auc	h aa cardlec or reepi	retory erreet,	Approximate Interval Between Onset and Death	
	Sequentially liet conditions, if any, leading to immediate	Sequentially liet conditions. DUE TO (OR AS A CONSCIUENCE OF): PUT STATE PULLING NAS (EMBULUS)							
	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COR	NSEQUENCE OF):						
	PART II. Other algnificent conditions	contributing to death but n	ot reculting in th	e underlying	j ceuse given in	Pert I. 24a. WAS AN PERFOP	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
	DID TOBACCO USE CONTR		EATH YES [UNCERTAIN	v 🗆 📗		1 YES 2 NO	_
	EXAMINER?	HOSPITAL:	t 3 DOA 4	HER: Nursing Hom		8 Other (Specify)			
	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	M 1 1 1	RK? 'ES 2 NO	28d. DESCRIBE HOW I			
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)	it nome, farm, street	, factory, office	·	28f. LOCATION (Street & City or Town, State)	and Number or R	lural Route Number,	
		fAN: To the best of my knowledge : On the basis of examination and						use(a) and manner as stated.	
	296. SUMATURE AND TITLE OF CERTIFIER	rgan MD)		29c LICENSE NUN	The same of the sa	29d. DATE SIG	SNED (Month, Day, Year)	

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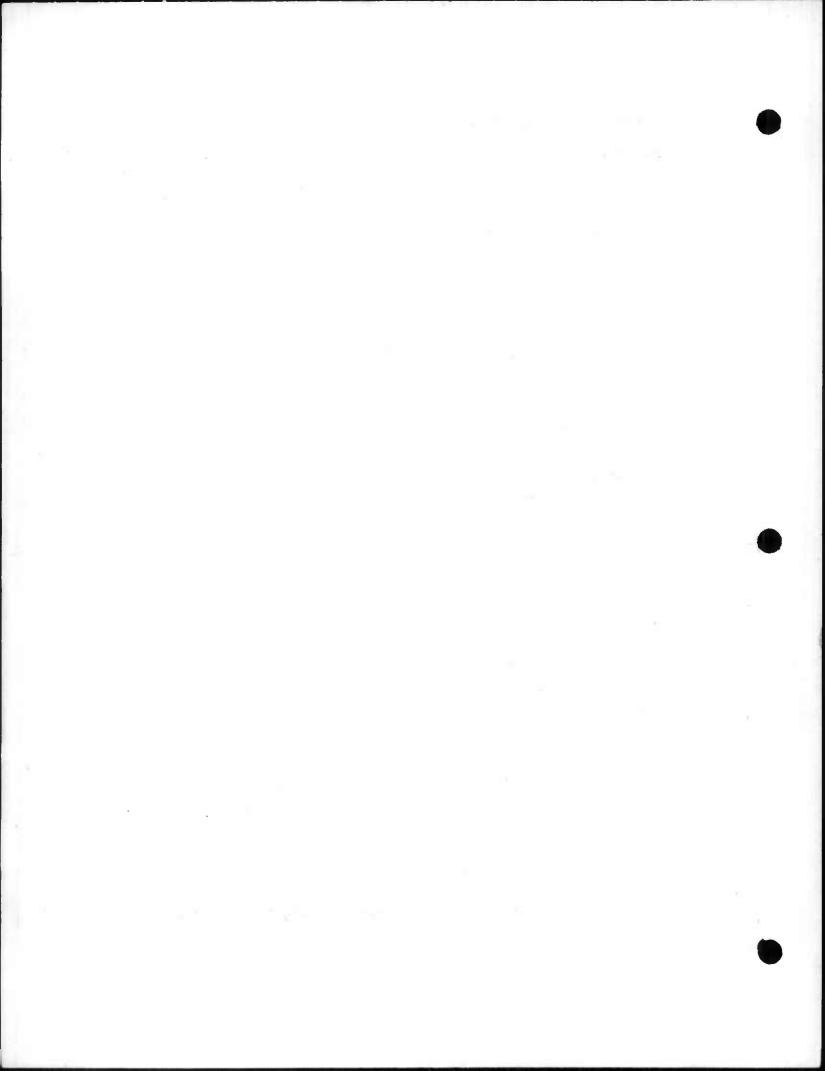
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	FOR CTAT									
	1 - STATE REGISTRAR			NT OF HEALTH AND TE OF DEATH	MENTAL HYGIE REG. N					
1	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH		EAR 3. TIME OF DEATH P			
	MATILDA L.	BRADY			01 06 95 6:00					
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M	6. AGE (In yrs. I	YRS. F UNITED INC.	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 06 03	7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or For Country)				
H.	9a. FACILITY NAME (If not institution, give street and r 6662 ROBERTS COUR			TY, TOWN OR LOCATION OF D		9c. COUNTY OF DEATH ANNE ARUNDI				
5	RESIDENCE OF DECEDENT 100, STATE 100, COUNTY		44 000 000							
DIRECTOR	MARYLAND ANNE A	RUNDEL	240000000000000000000000000000000000000	N OR LOCATION GLEN BURNIE	2	10d. INSIDE CITY LIMITS? 1 VES 2 NO				
FUNERAL	100. STREET AND NUMBER 6662 ROBERTS COUR!			10f. ZIP CODE			OF WHAT COUNTRY?			
N	<u> </u>	T. DECEDENT EVER IN U.S. A	ADMED I	21061 3. WAS DECENDENT OF HISPA	NIC ODICINA (Co. alt.		S.A.			
BY FU	1 Never Married 2 Married FOR	ICES? 1 YES 2 DES, GIVE WAR OR DATES	NO	If yes, specify Cuben, Mexico	an, Puerto Rican, atc.)	140 07 140—	RACE — American Indian, Black, White, etc. Specify: WHITE			
G	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. C	DECEDENT'S USUAL	OCCUPATION	16b. KIND OF	BUSINESS/INDUS	TRY			
COMPLETED	Elementary/Secondary (0-12) College 12	HOUSEW	ne during most of working 1.) IFE	н	OMEMAK	ER				
ő	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	AME (First, Middle, Maid	en Sumame)				
BE (unknown			unkn	own					
5	199. INFORMANT'S NAME (Type/Print) AUSTIN W. BRADY		rn, Stete, Zip Code) RE, MD . 21225							
	20s, METHOD OF DISPOSITION 1 X Burial 2 Cremation, 3 Removat from 4 Donatton 6 Other (Specify)		ROWNSV	VILLE, MD.						
	21. SIGNATURE OF FUNEDAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RAYMOND C. FINK FUNERAL HOME 21061 426 CRAIN HWY.S.W.GLEN BURNIE, MD.									
	23. PART I. Enter the diseases, or complice shock, or heart failure. List only	etions that caused the or y one cause on each ile	deeth. Do not en				t, Approximate			
7	disease or condition s. Couchag arrivations.									
	disease or condition	Conclie	ne a	rlyttu	we		Interval Between Onset end Deeth			
NO	disease or condition resulting in death) s	DUE TO COM AS A COME	BEOLENGE OF):	rlytten tie Cenol	ioveste	ular				
-ICATION	Sequentielly list conditions, if emy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONS	SEQUENCE OF): SEQUENCE OF):	rlytten tre Ceval	iovese	ular				
ERTIFICATION	disease or condition resulting in death) s	DUE TO (OR AS A CONS	SEQUENCE OF): SEQUENCE OF):	rlythu tie Cenol	iovese	ular				
CAL CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF):	2	Part I. 24e, WAS	AN AUTOPSY CORMED?				
	Sequentially list conditions, if eny, laeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF):	2	Part I. 24e, WAS	AN AUTOPSY	Onset end Deeth 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO			
	Sequentially ilst conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributed in the cause of the	DUE TO (OR AS A CONS	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF):	underlying cause given in	Part I. 24a. WAS PER 1 — YES	AN AUTOPSY CORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contribute the cause of the caus	DUE TO (OR AS A CONS	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): At resulting in the	underlying cause given in 28. PLACE OF DEATH (C	Part I. 24a, WAS PER 1 TYPES	AN AUTOPSY CORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contribute the cause of the caus	DUE TO (OR AS A CONS	SEQUENCE OF): SEQUENCE OF): At resulting in the	26. PLACE OF DEATH (CIER:	Part I. 24a. WAS PER 1	AN AUTOPSY ORMED?	Onset end Deeth 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributed in the cause of the	DUE TO (OR AS A CONS	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): At resulting in the	underlying cause given in 28. PLACE OF DEATH (C	Part I. 24a, WAS PER 1 TYPES	AN AUTOPSY ORMED?	Onset end Deeth 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributed in the cause of the	DUE TO (OR AS A CONS	BEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): OF TORSILITY OF INJURY M	26. PLACE OF DEATH (C) 26. PLACE OF DEATH (C) DER: Nursing Home 6 A Residence 26. INJURY AT WORK? 1 YES 2 NO	1 Part I. 24a. WAS PER 1 YES heck only one) 6 Other (Specify) 28d. DE\$CRIBE HO	AN AUTOPSY ORMED? NO W INJURY OCCUI	Onset end Deeth 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributed in the contribut	DUE TO (OR AS A CONS buting to death but no pital: petient 2 = ER/Outpetient a. DATE OF INJURY (Month, Day, Year) e. PLACE OF INJURY — At building, etc. (Specify) the best of my knowledge,	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): At resulting in the Company of the sequence of t	26. PLACE OF DEATH (CIER: Nursing Home 6 Presidence 28c. INJURY AT WORK? 1 YES 2 NO factory, office	Part I. 24a. WAS PER 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, St	AN AUTOPSY ORMED? W INJURY OCCUI	Onset end Deeth 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributed in the contributed events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A CONS buting to death but no pital: petient 2 = ER/Outpetient a. DATE OF INJURY (Month, Day, Year) e. PLACE OF INJURY — At building, etc. (Specify) the best of my knowledge,	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): At resulting in the Company of the sequence of t	26. PLACE OF DEATH (CIER: Nursing Home 6 Presidence 28c. INJURY AT WORK? 1 YES 2 NO factory, office	Part I. 24a. WAS PER 1 YES 1 YES Check only one) 6 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Sm. City or Yown, St. City or Yown, St. City or Yown, St. City or Yown, St. City or Young, St. City or Yown, St. City or Young, St.	AN AUTOPSY ORMED? W INJURY OCCUI of and Number or or or or or or or or or or or or or	Onset end Deeth 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	Sequentially ilst conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributed in the cause of the conditions contributed in the cause of	DUE TO (OR AS A CONS Duting to death but no	BEQUENCE OF): REQUENCE OF): REQUENCE OF): At resulting in the Company of the company of the	26. PLACE OF DEATH (CONTROL OF THE RESIDENCE OF DEATH (CONTROL OF THE RESIDENCE OF THE RESI	Part I. 24a. WAS PER 1 YES 1 YES Check only one) 6 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Sm. City or Yown, St. City or Yown, St. City or Yown, St. City or Yown, St. City or Young, St. City or Yown, St. City or Young, St.	AN AUTOPSY ORMED? W INJURY OCCUI of and Number or or or or or or or or or or or or or	Onset end Deeth 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,			
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributed in the conditions conditions contributed in the conditions contributed	DUE TO (OR AS A CONS Duting to death but no	BEQUENCE OF): SEQUENCE OF): REQUENCE OF): REQUENCE OF): A resulting in that Concept of the sequence of th	26. PLACE OF DEATH (CONTROL OF THE RESIDENCE OF DEATH (CONTROL OF THE RESIDENCE OF THE RESI	Part I. 24a. WAS PER 1 YES 1 YES Check only one) 6 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Sm. City or Yown, St. City or Yown, St. City or Yown, St. City or Yown, St. City or Young, St. City or Yown, St. City or Young, St.	AN AUTOPSY ORMED? W INJURY OCCUI of and Number or or or or or or or or or or or or or	Onset end Deeth 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,			



Item#1 Per F.H. Film# G-719 01/10/95 R.M.

	1 - STATE REGISTRAR	SIAIE UP I					DEAT		WEN IA	REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) - ROSANNA IF		NA LEE E	BARI	NES				MON			YEAR	3. TIME OF	
	4. SOCIAL SECURITY NUMBER 220-56-7863	5. SEX	6. AGE (In yrs. lest i	birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE	1 U E OF BIRTH 110, Day, Year) -09-195(6	B BIRT	HPLACE (State	P M or Foreign
	9e. FACILITY NAME (If not institution, give str	reet end number)	44	THS.	9b. CITY	r, TOWN (OR LOCATIO	ON OF DEA		-09-1950		NOI		ROLIN
DIRECTOR	CENTRAL AVE BR	IDGE			MITCHELLVILLE						PR	INCE	E GEO	RGES
IREC	10e. STATE 10b. COUNTY	ARUND	Dr.	10c. CITY, TOWN OR LOCATION					10d.				10d. INSIDE	CITY
	MD ANNE	EL	G F	MBF		S ZIP CODE		10g. CITIZEI			IZEN OF	1 YES 2	-	
FUNERAL	1448 DEFENSE H					2105					S.A.			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	IT EVER IN U.S. ARM YES 2 NO WAR OR DATES	ED)		If yes, sp	ENDENT O	n, Mexican	n, Puerto	IN? (Specify Yes Ricen, etc.)	or No-	14. RAC Blac Spec	E — American k, White, etc. thy: WHIT		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5	(Give	kind of a Do NOT us		CCUPATIO during mo	ON st of workin	g		6. KIND OF BUS			NGE	
COM	17. FATHER'S NAME (First, Middle, Last)	CHAR					18. MOTH	IER'S NAM	ME (First,	Middle, Meiden S	Surneme)			
BE	JAMES 190. INFORMANT'S NAME (Type/Print)			MAT		2 (Chront o		ARY	No. 40 Al	nber, City or Town	A. 501 =		CR	OW
9	IR. CLEADIS B. B	ARNES,											1054	
	20a. METHOD OF DISPOSITION 1X Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) L A K E MONT 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MEMORIAL GARDENS 1/11/95 DAVIDSON 21. SIGNATURE OF FUNERAL HOME SINGLETON FUNERAL HOME													
	23. PART I. Enter the diseases, or co	omplications the	t caused the deet	th. Do r	ot enter	SEC	OND	AVE	2 0	S. W (GLEN	N BI	RNTE	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF):												i Between	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.													
DICAL	PART ii. Other algnificent conditione	contributing to	death but not rea	uiting	n the ur	derlying	cause g	iven in P	Part I.	24s. WAS AN A		24b	. WERE AUTOPS	IOR TO
MEDI										1 YES 2	□ NO		COMPLETION OF DEATH?	1000
N.	DID TOBACCO USE CONTR	IBUTE TO CA					UNC	ERTAIN					/	
PHYSICIAN:		HOSPITAL:	26. PLACE ER/Outpatient 3		OTHER	3:	5 🗆 Ret	aldana. d		er (Specify) 7				
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, D	INJURY	28b. TIM	E OF URY	28c. INJ		- V		SCRIBE HOW IN		CENE	notoru	chiele
9 8	2 Accident Investigation 3 Suicide 8 Could not be	280. PLACE O	F INJURY — At home	5 5 Z	Reet, fact	1 🔲 Y	7	NO	281. LOC	ATION (Street or	d Number	M or Rural F	E. C.C.	dent
ETE	4 Homicide determined	1	otc. (Specify)	4					Centy	or Town, Stop)	ntil	Bord	2 190	mell
COMPLETED	29e. CERTIFIER (Check only one) 2 X MEDICAL EXAMINER												inty, Men	y (Rud
BE	296. SIGNATURE AND TITLE OF CERTIFIER	11 -	K.		1			NSE NUMB					E SIGNEO (Month, Day, Year)	
٩	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)		0.0	C.M.	E.		- JA	AN 7	,1995	-
	31. DATE FILED (Month, Day, Yard)	COR MEGISTAL	BUSINE 111	L Pe	enn	Str	eet,	Ва	lti	more,	Ma	ryla	and 21	201
	JAN 1 0 1995	Julia coa	THE THE PARTY OF T	4										



detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 687601

ical examiner must be notified at once.	IMPORTANT: Il Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
imoval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.
by the funeral director, page 5 should be detached for use as the burial-tran	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran
after death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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	1 - FOR STATE REGISTRAR		STATE OF M			RTMENT				MENTAL	HYGIEN REG. NO	_				
	1. DECEDENT'S NAME (First, Mide	dle, Last)								2. DATE C	F DEATH			3. TH	WE OF DE	ATH
	Elizabeth		BODE							.Тапи	arv 8		1995	1 1	2:30	A M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER 1	_	IF UNDER		7. DATE O	FBIRTH	•	8. BIRTI	HPLACE	(State or	Foreign
	213-26-189	5	1 □ M 2½ F	65	YRS.	MONTHS	DAYS	HOURS	MIN.		1.25,	102	Count	,,	1 - n 6	
	9a, FACILITY NAME (If not institution, give street and number)					96. CITY, 1	OWN OR	LOCATIO			1401		UNTY OF D		Lanc	1
DIRECTOR	Franklin Sgire Hospiyal						Ro	ssv	ri11	е		Bal	timo	re_	Count	y
3E	10a. STATE 10b	10b. COUNTY 10c. CITY, TOWN OR LOCATION					*						INSIDE CIT	Υ		
	Md.	Ba:	ltimore					Es	sex					10	YES 2	NO
FUNERAL	10e. STREET AND NUMBER						101. 2	ZIP CODE		_		10g. CI1	TIZEN OF			
E	543 W. W	lood.	lynn Roa	a đ					21	221			US	SA		
5	11. MARITAL STATUS		12 WAS DECEDENT	EVER IN II S. A.	RMED	13. W	S DECE	NDENT O	F HISPAN	IC ORIGIN?	(Specify Yes	or No	14. RAC	E — An	nericen inc	llen,
	1 Never Merried 2 1 Merr		FORCES? 1 [IF YES, GIVE WA	R OR DATES	HO.				n, Mexicer Specify	n, Puerto Ri	can, etc.)			RACE — American Indian, Black, White, etc.		
B	3 Widowed 4 Divorced	Widowed 4 Divorced						34						SpecHy: White		2
8	15. DECEDEN (Specify only high			16e. D	ECEDENT'S	USUAL OCC	UPATION	t of workin	g	16b. I	16b. KIND OF BUSINESS/INDUSTRY				7	
91	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)															
4	6th Housewife															
COMPLET	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Last)									Surname)						
BE	Frank Youngbar Mary Baier															
10	19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route N							loute Numbe	, City or Tow	n, Stete, Zi	ip Code)					
-	Lawrence		543 W. Woodlynn Road						Ba1t	imo	re M	ID.	212	221		
	20e. METHOD OF DISPOSITION TY Burlel 2 Cremetion 3	3 Remo	wal from State							DATE	20c. LO	CATION -	- City or To	own, St	nto	
!	4 Donation 5 Other (Spec		Total College	Gard	GardensofFaith 1/11/95					5	Ro	SSV	i11e	M	d.	
1	21. SIGNATURE OF FUNERAL SEI	RVICE LICI	ENSEE	2/ /	22. NAME AND ADDRESS OF FACILITY					CILITY	LITY					
Ĺ	N T	111	1 10	///			Connelly Funeral Home of Essex									
	23. PART i. Enter the disease	aca. or o	7 Demonstration that	caused the d	eath Do	not enter ti	O O	Mac	A O	VO.	Balt	imo	re N		212	
- 1	snock, or nesrt	tailure.	ist only one caus	e on each ile	1	indication to	io mode	e or dyn	rig, auci	I aa Cardii	ic or reapi	rathry ar	reat,	- 1	Approxin	Between
ı	iMMEDIATE CAUSE (Final disease or condition	1			/										Onset an	d Death
H	resulting in death)		Intrath	DALAMIC										2	20_Но	urs
_ 1			DOE 10 (1	JH AS A CUNSE	OUENCE O	* }:								-		
FIFICATION	Sequentially list conditions,		DUE TO 6	OR AS A CONSE	OUENCE O	E)-								-	-	
E I	If any, leading to immediate cause. Enter UNDERLYING		502 10 (DIT NO A CONSE	OOLINGE O	* j.								- i		
윤	CAUSE (Disease or Injury that initisted events	6	DUE TO (OR AS A CONSE	OUENCE O	F):								-		
Ē	resulting in death) LAST	4			1710-171-2									İ		
CERI		- 0	l													
	PART II. Other algnificant co	onditions	contributing to c	leath but not	reauiting	in the und	erlying (cause g	lven in l	Part I.	4a. WAS AN		245		AUTOPSY	
<u>일</u>											YES 2			COMP	LETION OF	
										_				OF DE	ATH? YES 2 🗍	NO
	DID TOBACCO USE	CONTR	BUTE TO CAL	ISE OF DEA	ATH YE	SΠN	0 29	LINC	ERTAIN						129 2	NO
₹	25. WAS CASE REFERRED TO ME					TH (Check on		0110	EKIAII	, 12						$\overline{}$
Sic	EXAMINER?		HOSPITAL:		T	OTHER:		5 0	aldense	A Coher	Snenth-1					$\neg \neg$
PHYSICIAN: MEDICAL	27. MANNER OF DEATH		28e. DATE OF I	NJURY	28b. TIM	E OF 2	Bc. INJUR	RY AT	Gerica		RIBE HOW II	NJURY OC	CCURED			
o- II	1 [X] Natural 5 Pand	llog	(Month, Day	(Year)	INI	URY	WORK	K?								- 1

29d. DATE SIGNED (Month, Day, Year)

28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)

28c. INJURY AT WORK?

1 YES 2 NO

RD# 01672

261, LOCATION (Street end Number or Rural Route Number, City or Town, State)

29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated.

2 ___ MEDICAL_EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end 296. SUGMATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Martha Rumschlag 9000 Franklin Square Drive, Baltimore, Maryland MD.

JAN 1 0 1995 32. REGISTRAR'S SIGNATURE

Investigation

6 Could not be determined

1 🔀 Natural

2 Accident

3 Sulcide

4 Homicide

BY

COMPLETED

BE

2

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

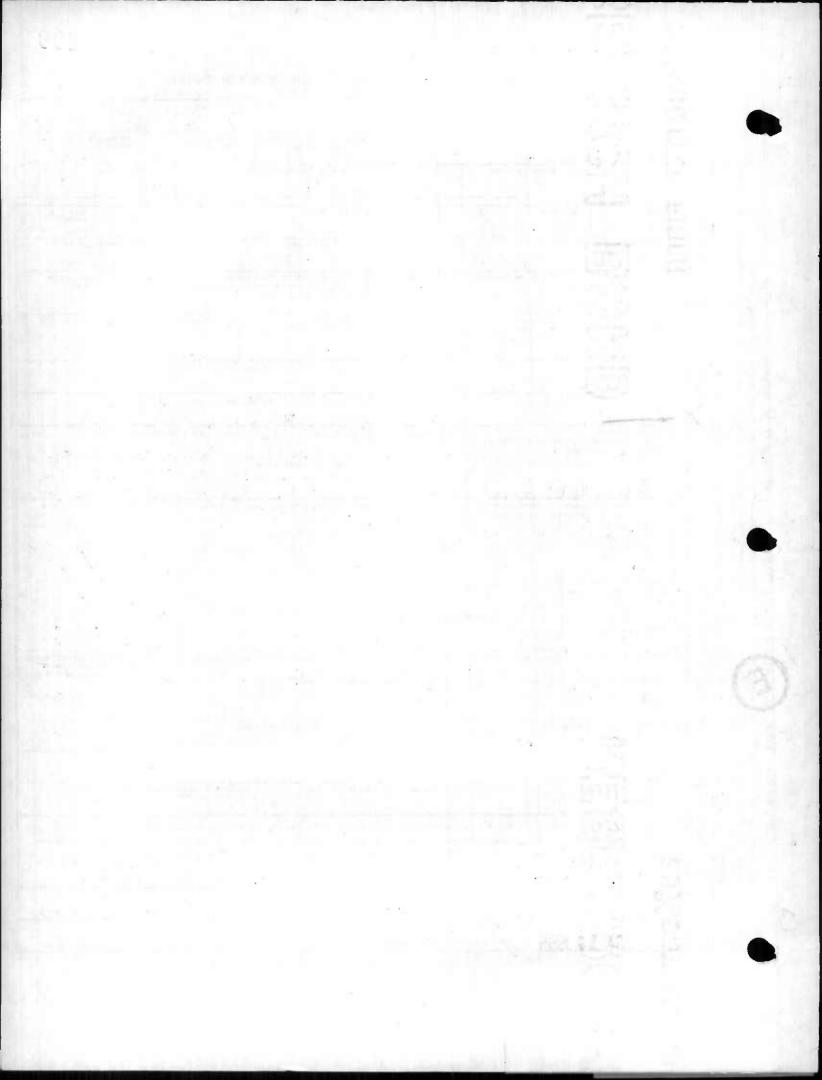
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MAN		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.							
,	1. OECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF OEATH					
	William Karl Bormai	4		MONTH DAY		2:07 PH					
	4. SOCIAL SECURITY NUMBER 5. SEX 8.		IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8, BIRTH	PLACE (State or Foreign					
		44 YRS.	ONTHS DAYS HOURS MIN.	May 8, 19	950 Nev	y York					
~	9e, FACILITY NAME (If not institution, give atreet end number)		b. CITY, TOWN OR LOCATION OF I	DEATH	9c. COUNTY OF O	EATH					
DIRECTOR	Mercy Medical Center		Baltimore								
S	10e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION		10d, INSIDE CITY LIMITS?						
PIG	Md		Baltimore	ore							
AL	10e. STREET AND NUMBER		10f. ZIP COOE		THAT COUNTRY?						
FUNERAL	6311 Brown Avenue		21224		U.S.A.						
5	11. MARITAL STATUS 12. WAS DECEDENT EV FORCES? 1 FORCES? 1	ER IN U.S. ARMED	13. WAS DECENDENT OF HISP/ It yes, specify Cuben, Mexic		r No — 14. RACE	- American indian, , White, etc.					
ВУ	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR (OR DATES	1 YES 2 NO Spec		Specifi	y:					
	15. DECEDENT'S EDUCATION	16e. DECEDENT'S U	NIAL OCCUPATION	Las vivis as succ	Whi	te					
COMPLETED	(Specify only highest grade completed)		k done during most of working	16b. KIND OF BUSIN	VESS/INDUSTRY						
PL	Elementary/Secondary (0-12) College (1-4 or 5+)	Truck	Driver	City of	e Dairi						
O	17. FATHER'S NAME (First, Middle, Last)	TITUCK		AME (First, Middle, Maiden Su		lilote					
BE C				Borman		- M					
TO B	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING A	ODRESS (Street and Number or Rura		Stete, Zip Code)						
ĭ	Emma E. Borman	6311	Brown Ave.,	Baltimore	, Md. 2	21224					
	20e, METHOD OF DISPOSITION 1 ☐ Burlet 2 ☐XCremetion 3 ☐ Removal from State	20b. PLACE AND DATE OF cametery, crematory or other	DISPOSITION (Nama of		TION — City or Too						
		CHesapea	ke Crematory	1-5-95	Beltsy	ville.Md.					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Edison M. Perkins Bradley-Ashton Funeral Home, 21272.										
		D00083	2134 Willow								
	23. PART I. Enter the diseeses, or complications that ce	used the deeth. Do no	enter the mode of dylng, su	ch es cardisc or respirar	tory arrest,	Approximete					
	shock, or heart fellure. List only one ceuse of IMMEDIATE CAUSE (Final					Onset and Death					
	disease or condition resulting in death) Liver failure										
	II. DUE TO (OR AS A COMESCUENCE OD.										
Z O	Sequentially list conditions. To Acquired Immuno deficiency Syndrome										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CALLER (Means a latin) Sexual Contact										
FIC		AS A CONSEQUENCE OF):	-04 1461	1							
E	resulting in death) LAST					j					
	0.										
¥	PART II. Other significent conditions contributing to dee	th but not resulting in	the underlying ceuse given in	Part I, 24s. WAS AN AU PERFORMI		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
MEDIC	necurrent hypoglyc	emic		1 TYES 2 7	NO	COMPLETION OF CAUSE OF OEATH?					
M	Conquippathy					1 TES 2 NO					
AN	DID TOBACCO USE CONTRIBUTE TO CAUS		□ NO ☑ UNCERTA	N 🗆							
PHYSICIAN:	EXAMINER? HOSPITAL	28. PLACE OF DEATH	(Check only one) OTHER:								
1YS	1 YES 2 NO 1 Impatient 2 = ER. 27. MANNER OF DEATH 26e. DATE OF INJU		☐ Nursing Home 5 ☐ Residence DF 26c. INJURY AT								
	Netural 5 Pending (Month, Day, M	(ar) INJUF	WORK? M 1 YES 2 NO	26d. DESCRIBE HOW INJ	ORT OCCURED						
B	2 Accident Investigation 3 Suicide & Could not be 26e. PLACE OF IN.	IURY — At home, term, atro		28f LOCATION (Street and	d Number or Rural D	oute Mumber					
COMPLETED	4 Homicide determined building, etc.	(Specify)	, , , , , , , , , , , , , , , , , , , ,	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
9	29e. CERTIFIER (Check only I	mouladae death ecourad	et the time determined the condition		TARREST TO						
M M	(Check only one) 2 MEDICAL EXAMINER: On the beels of examiner					and manner as stated					
	29b. SIGNATURE AND TITLE OF CERTIFIER										
ᆱ	Thomas X M.	110	29c. LICENSE NU	MBER 2	29d. DATE SIGNED	(Month, Pay, Year)					
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	F OEATH (ITEM 27) (Type, P	int)	0.11	0110	2175					
	Thomas K. Murray MD 30	1 st. P. 1	Place Battimo	בוב מש או	0.3						
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	BIGNATURE	CACITIMA	1 2100	2						
	JAN 1 0 1995 Jalia Saudean	Lu									
	V	-									

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DIVISION OF VITAL EFORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	DING PHYSICIAN: The law equires the tit, death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been stoned to the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Heart and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law equ	TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Oept. of	IMPORTANT: If Item 28 is marked, or Item 2

	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAI CERTIF		HEALTH AND	MENTAL HYGIE						
	t. DECEDENT'S NAME (First, Middle, Lest)	F. Bo	irdell	Jr		2. DATE OF DEATH MONTH	DAY 95	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 237 101247.	M 2 □ F	8. AGE (In yrs. last birthday) 8 7 YRS.	MONTHS DAY	HOURS MIN.		3,1907	BIRTHPLACE (State or Foreign Country) S.Carolin				
СТОВ	90. FACILITY NAME (If not institution, give Meridian-Heri RESIDENCE OF DECEDENT		ında1k		on Location of dalk	DEATH	Balt	imore				
DIREC	10e, STATE 10b, COUNT	1timore		ondal			10d. INSIDE CITY LIMITS? t - YES 2 NO					
UNERAL	100. STREET AND NUMBER 2909 B Dunmur	ray Road	uns to Esp		OF WHAT COUNTRY?							
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes		ANIC ORIGIN? (Specify can, Puerto Rican, etc.)		14. RACE — American Indian, Black, White, etc. Specify: White				
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementery/Secondary (0-12)	ATION most of working		BUSINESS/INDUST								
COMPL	High School Alrcraft Production Boeing 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname)											
TO BE	William F. Bu	rdell, S		ADDRESS (Stre		y Triple House Number, City or 1		de)				
F	William P. Burdell 3039 Liberty Pkwy., Dundalk, Maryland 21222 200. METHOD OF DISPOSITION 201. PLACE AND DATE OF DISPOSITION (Name of DATE 201. LOCATION — City of Town, State											
	1 X Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L.	CENSEE		eart c		TA OH ITTH		· · · · · · · · · · · · · · · · · · ·				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Edison M. Perkins Bradley-Ashton Funeral Home, Inc. D00083 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate											
NO	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. DUE TO (6	on each line.	PF):				Approximate Interval Betwood Onset and D				
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c	OR AS A CONSEQUENCE (
: MEDICAL C	Decubition		leath but not resulting	11	ying cause given i	PERF	AN AUTOPSY ORMED? 2	24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH? t \(\text{YES} \) YES 2				
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	S. PLACE OF DEATH (C	Check only one)						
BY PHYS	1 YES 2 TOO 27. MANNER OF DEATH 1 Sturel 5 Pending 2 Accident Investigation	28e. OATE OF II (Month, Da)		JURY 28c.	INJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE HOT	V INJURY OCCUR	ED				
TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At home, ferm, tc. (Specify)	street, fectory, o	office	281. LOCATION (Stree City or Yown, Ste		Rural Route Number,				
COMPLE	onel		ny knowledge, death occur imination and/or investigati					ouse(s) end manner as state				
TO BE	29b, SIGNATURE AND TITLE OF CERTIFIE 30, NAME AND ADDRESS OF PERSON W	uly.	mD	0.1.0	29c. LICENSE N	UMBER 587	29d. DATE SI	SIPS				
	31. DATE FILED (Month, Day, Year)	GOMM 32. REGISTRAR	47 100		roodu	ray B	alb.	MD 2123				
	JAN 1 0 199		Murden Randal	C		/						



REG. NO.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

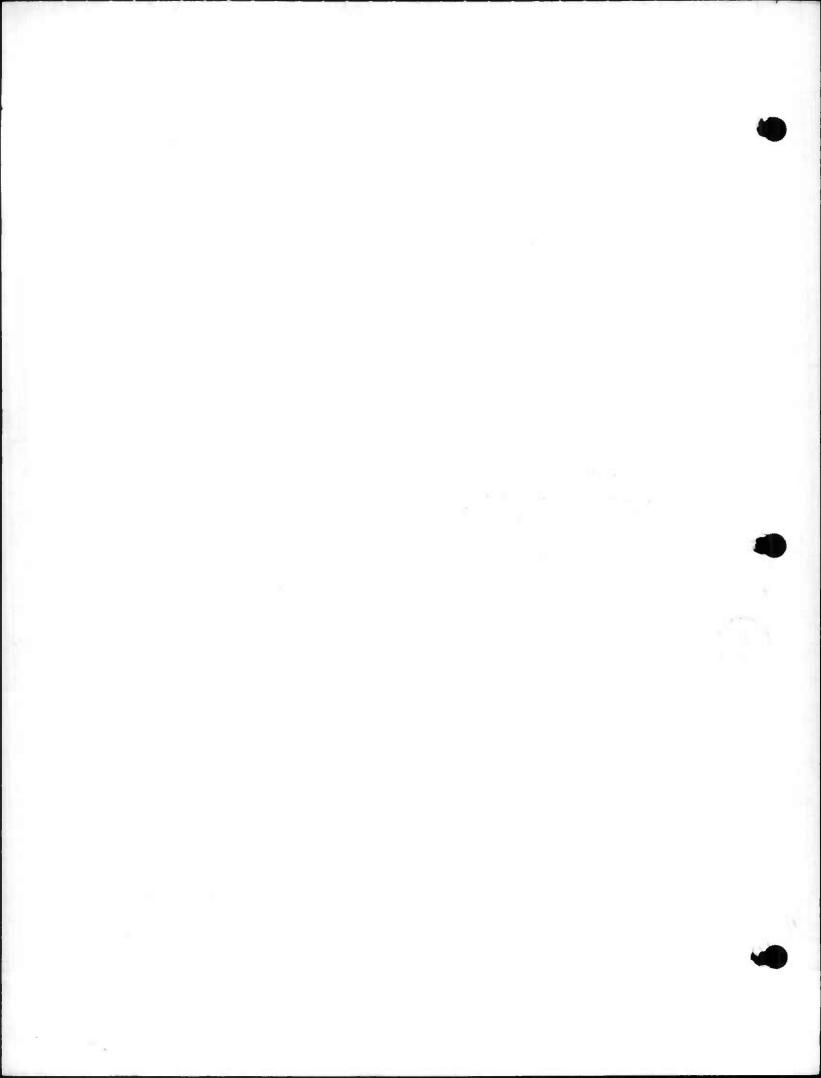
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2. DATE OF DEATH 3. TIME OF DEATH YEAR EDITH MARIE BROWN **JANUARY** 995 2:00PM 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 216-24-8104 DAYS April 19,1909 1 M 2 K F 85 YRS. Maryland Pages 1, 2, 3 should 9a. FACILITY HAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Agnes Hospital Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Baltimore Catonsville 1 TYES 2 NO use as the burial-transit permit. FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 400 Roanoke Drive 21228 U.S.A. urs after death. Page 6 may be retained by the hospital or attending physician, 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf was specify Cuban, Mexican, Puerto Rican, stc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, 1 Never Married 2 Married 2 NO IF YES, GIVE WAR OR DATES 1 TYES 2 NO ВY Specify: 3 € Widowed 4 □ Divorced White COMPLETED 15. DECEDENT'S EDUCATION sectly only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (So ò Elementary/Secondary (0-12) College (1-4 or 5+) detached 1 12 Homemaker Own Home once. 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Maiden Surname) Clarence Burgan Miller page 5 should be F Dora Estylle Naylor BE notified 19a, IHFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 0 Eloise Lehman (Daughter) 400 Roanoke Drive Catonsville Maryland 21228 9 20a. METHOD OF DISPOSITION
1X Buriel 2 Cremation 3 Rem
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must director, Parkwood Cemetery 01-09-95 Baltimore, Maryland examiner 21. SIGNATURE OF PONERAL SERVICE EXCENSEE 22. NAME AHD ADDRESS OF FACILITY the funeral Leroy M & Russell C Witzke Funeral Homes 1630 Edmondson Avenue Catonsville Maryland medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, filled in by Approximeta shock, or haart failure. List only one cause on each line. 0 interval Between Onset and Death **IMMEDIATE CAUSE (Fine)** the cremation, disease or condition resulting in death) tompletely Trys umatic event, III. CERTIFICATION 暑 Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditione contributing to deeth but not reaulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that THE FUNERAL DIRECTOR: After this certificate has been supposed by filed within 72 hours after death with the State Dept. oil Hearth and AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 | YES 2 | NO 1 | YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER 1 YES 2 NO e 5 - Residence 6 - Other (Specify) 6 27. MANHEB OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. IHJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 HO BY 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) -3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be Item 28 4 Homicide 1 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMIHER. On the basis of examination and/or investigation, in my opinion, death occurs at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE HUMBER 29d. DATE SIGHED (Month, Day, Year) 6-95 0 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SH SECRETARY SERVICE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



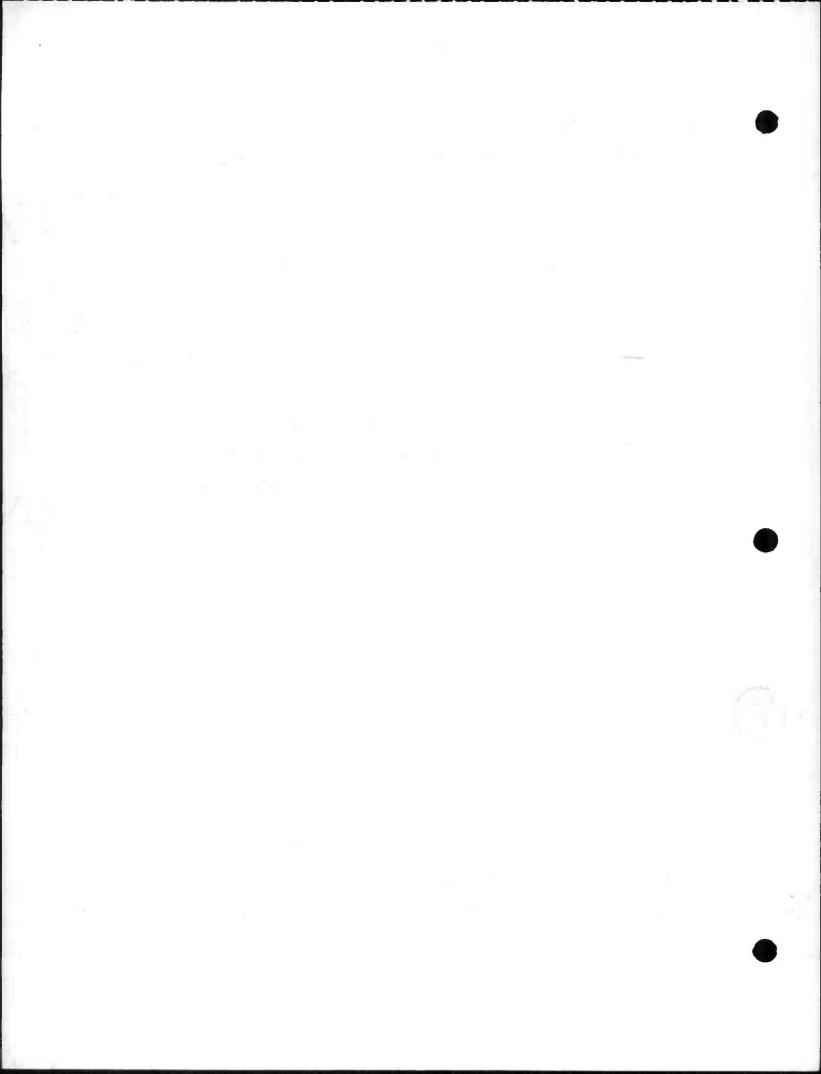
PDS, P.O. BOX 68760,

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of the mending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should mending physician prior to burial, cremation, or removal. hours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. that the death certificate be executed within TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNEPAL DIRECTOR: After this certifican has be filed within 72 hours after death with the State of the state of the

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF N					IEALTH DEAT		MEN	TAL HYGIEN	Ε		
	1. OECEDENT'S NAME (First, Middle, Last)						DEAT	•	2. D/	ATE OF OEATH			3. TIME OF DEATH
	S Phyllis	Bea1							NTH D/		YEAR		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	at histholms	IF UNDER	4 WEAR	T IMPER		7.50	6)	95	12:15 рм
	212-09-3083	1 □ M 2 X XF	76		t birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. YRS. MONTHS DAYS HOURS MIN.				Sept 12, 1918				
				THO.						Md			
œ	9a. FACILITY NAME (If not institution, give s				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE						EATH		
Ö	8434 Dogwood Road										l E	Balti	more
EC	10a, STATE 10b, COUNTY	1		10c CIT	Y, TOWN C	B LOCA	ION						10d. INSIDE CITY
E	Md Ba	ltimore		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	TI EU GI							LIMITS?
1	10e. STREET AND NUMBER	TERMOTE		1		140	. ZIP CODE		10g. CITIZEN OF WI				1 YES 2 NO
RA	8434 Dogwood Road					"					YHAI COUNTRY?		
FUNERAL DIRECTOR							2120					USA	
	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR C			NO NO						GIN? (Specify Year to Rican, etc.)	or No-	14. RACE Black	— American Indian, r, Whita, atc.
ВУ	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE W	AR OR OATES		1	YES	2 NO	Specify.	7			Speci	
	15. DECEDENT'S EDU	CATION	16a DI	CEDENT'S	IISUM O	CHIDATI	ON.	_	15	16b. KIND OF BUS	INECC/IN		hite
H	(Specify only highest grade		(0	ive kind of Do NOT u	work done of	during mo	st of working	g	1	IOU. KIND OF BUS	INE33/IN	DUSTRI	
PL	Elementary/Secondary (0-12)	College (1-4 or 5 +	.)										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Hous	ewife	e	10 MOTH	CD'C NAI	UE (C)-	OWT st. Middle, Maiden	Hom	e	
										,	Sumame)		11000
BE	Frederick Heller 190. INFORMANT'S NAME (Type/Print)							ra H		lumber, City or Town	- 20 1		
2	Mary C. Wolfson									more, M			
	20s, METHOD OF DISPOSITION					_		, Da.					
	1 ☐ Burial 2 ☐ Cremation 3 ☐ Ram	oval from Stata	20b. PLACE cemetery, cri	metony or o	ther niecel				1			City or To	The second secon
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	реак	eake Crematory, Inc 1/9 Beltsville, Md2070								d20705		
	Dan t		Sterling Ashton Funeral Home										
	Thilles X	aur			7:	36 F	dmond	leon	A 37	onuo B	27+0	Ma	21228
	23. PART I. Enter the diseases, or a shock, or heart fallura.	complications that	caused the de	eath. Do i	not anter	tha mo	de of dyla	ng, auch	1 88 C	ardiac or respi	ratory ar	rest,	Approximate
	IMMEDIATE CAUSE (Final	1	N							1			Intarval Batween Onset and Daath
	disease or condition	TOENO CARCINOMA 01					=	LUNG-			24RS		
	disease or condition resulting in death) a. TETASTATIC HOENO CARCINONA OF LUNG OUE TO (OR AS A CONSEQUENCE OF):												
z													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO	(OR AS A CONSE	SEQUENCE OF):									
<u>র</u>	CAUSE (Disease or Injury												
틸	that initiated events	DUE TO	(OR AS A CONSE	OUENCE O	F):								
EH	reaulting in death) LAST	d,											
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
SP						adiriy iir	y cadaa y	.van in		PERFOR		240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
										1 TYES 2	☐ NO		OF DEATH?
Σ	DID TODA CCO LICE CONTE	NOUTE TO CA		-		- A						İ	1 TYES 2 NO
A	DID TOBACCO USE CONTI	KIBUIE 10 CA				_	UNC	ERTAIN	<u> 1</u> П				
힐	EXAMINER?	HOSPITAL:		CE OF DEA	OTHER	1:							
PHYSICIAN: MEDI	1 VES 2 NO	1 Inpatient 2			-			sidence (ther (Specify)			
ᆵ	1 Netural 5 Pending	28a. DATE OF (Month, Di	ny, Year)	28b. TIM	IE OF IURY		RK?		28d. 0	DESCRIBE HOW II	JURY OC	CURED	
B	2 Accident Investigation			1	м	1 🗆 '		NO					
	3 Suicide 8 Could not be	28a. PLACE Of building,	F INJURY — At ho atc. (Specify)	ome, larm,	street, facto	ory, offic	•		281. L	OCATION (Street a City or Town, State)	nd Numbe	r or Rural R	loute Number,
ᆲ		CLAM To the best of											
COMPLETED	ONI) 2 MEDICAL EXAMINE	on the beek of a	tamination and/or	Investigation	n, in my o	pinion, d	aath occure	d at the t	time, d	lata and placa, an	d dua to ti	ha cause(a)) and manner as stated.
۵ ا	PIN SIGNATURE AND TITLE OF CERTIFIE	1	-11.0				29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
∞	Jank A	(DE	tolka				7/10	7419	}			1/6/	95
입	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	OF DEATH (ITE	М 27) (Тура	Print)	Λ	0	1			Λ	4	
	DIMON H. CORI	FFLING	J 900	(!	ATON	H	Ut -	tz	27	MORE	. +	17	21229
	31. DATE FILED (Month, Day, War)	32. REGISTRA	R'S SIGNATURE	-		_							J
	JAN 1 0 199	Jalia	dhudson	Nerdal	4								



eath. Page 6 may be retained by the hospital or attending physician. uneral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should LTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICAN. The The strained by the death certificate be executed with shours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate page 5 should be detached be filed within 72 hours after death with the State Dept. of Meath and Mental Hygiene prior to burial, cremation, or removal.

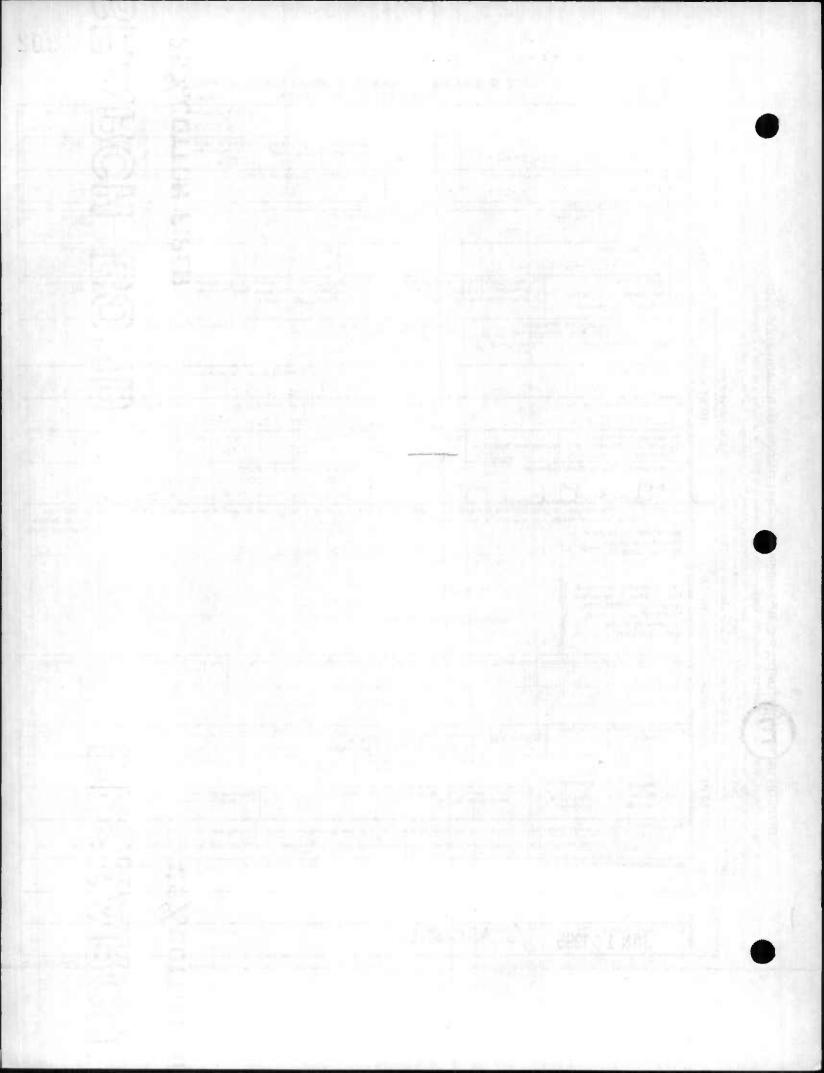
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Œ	-8	4
VITAL HECORDS, P.O. BOX 68760.	ter	un as be seen signed by the attending physician and completely filled in by the h
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DIVISION OF

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last,)				2. DATE OF DEATH		3. TIME OF DEATH				
	Knodda G. Brag	g				January 5,	1995 YEAR	7:45 A.M.				
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	F UNDER t YEAR		7. DATE OF BIRTH						
	462-54-3844	1 🗆 M 2 😾 F		OHTHS DAYS	HOURS MIN.	April 27,1	010	NTNPLACE (State or Foreign Intry) Md				
		21										
_	9a. FACILITY NAME (If not institution, give			b. CITY, TOWN DI	A LOCATION OF DEA							
0	Riverview Nursin	g Centre, In			Ltimore							
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN											
R		timore		TOWN OR LOCATI		10d. INSIDE CITY LIMITS?						
		ermore		Dundalk				1 TES 2 NO				
AL	10e. STREET AND NUMBER				F WHAT COUNTRY?							
BY FUNERAL DIRECTOR	202 Woodland Av		21222		USA							
5	11. MARITAL STATUS	NDENT OF HISPANIC	ORIGIN? (Specify Yes	or No 14, RA	ACE - American Indian,							
L	1 Never Married 2 Married	FORCES? 1 YE		If yes, spe	cify Cuban, Mexican, 2 NO Specify:	Puerto Rican, etc.)		ack, White, etc.				
	3 X Widowed 4 Divorced				X no opening.			Thite				
COMPLETED	15. DECEDENT'S EDUCATION 184. DECEDENT'S USUAL OCCUPATION					16b. KIND OF BUSI						
H	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)											
7	, (0 12)		Hous	ewife		Own	Home	2,250				
N N	17. FATHER'S NAME (First, Middle, Last)		1		16 MOTHED'S NAM	E (First, Middle, Maiden S	humana)					
ŭ				arriemey								
BE	Frank Mick 19a. INFORMANT'S NAME (Type/Print)		[Rachel (
2	Charles Wargo					ute Number, City or Town,		01007				
						Baltimor						
	20e. METNOD OF DISPOSITION ty□ Buriel 2 □ Cremation 3 □ Rei		LAUDON FAT			DATE 20c. LOCATION — City or Town, State						
	4 Donation 6 Other (Specify)		1/7 Baltimore, Md.									
	21. SIGNATURE OF FUNERAL SERVICE L	on Funeral	Hama									
	+ Edwin W. P.			(1 01000								
	On Part I Franch de la Company											
	shock, or heart failure	an cardiac or reapir	atory arrest,	Approximate interval Between								
	IMMEDIATE CAUSE (Final			Onset and Death								
	disease or condition a. Acute Myelogeron Leoleevice							2 wkg.				
	THE SHAPE TANKS											
Z	Sequentially list conditions,											
CERTIFICATION	if any, leading to immediate											
3	cause. Enter UNDERLYING CAUSE (Disease or injury											
쁘	that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
H	resulting in death) LAST											
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS											
MEDICAL	Ceretrovameda	A tage	O. O. D.	reare	cause given in Pa	PERFORM		46. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
ă	(0 set 10 sates a	¿ Mirausse	ellone io	- Lance		1 YES 2	ONO	COMPLETION OF CAUSE OF DEATH?				
A B								1 TYES 2 NO				
ä								2 2 2 2 2 2 2				
¥.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL/	ACE OF DEATH (Chec	k only one)						
Sic	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/O		THER:	5 Residence 6	Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATN	26s. DATE OF INJUR	Y 285, TIME (F 28c. INJU	IRY AT	28d. DESCRIBE NOW IN	JURY OCCUREO					
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year	r) INJUR		ES 2 ND							
ВУ	a District	28s. PLACE OF INJU	IRY — At home, farm, stre	et, factory, office		281. LOCATION (Street ar	id Number or Ruri	at Boute Number				
	4 Homicide 6 Could not be	building, etc. (S	pecify)			City or Town, State)						
E	29a. CERTIFIER											
AP	(Check only	SICIAN: To the best of my kn						7.5				
COMPLETED	2 MEDICAL EXAMIN	IER: On the basis of examina	tion and/or investigation,	In my opinion, de	ath occured at the 16	me, data and place, and	due to the cause	e(s) and manner as stated.				
0	296. SIGNATURE AND TITLE-OF CERTIFIE	ER					29d. DATE SIGN	ED (Month, Day, Year)				
w l	290. SIGNATURE AND TITUE OF CERTIFIER 290. LICENSE NUMBER 290. DATE SIGNED (Morith, Day, Year)											
BE	Kurael Rem	1 10000										
TO BE	30. NAME AND ADDRESS OF PERSON W		DEATH (ITEM 27) (Type, Pr	int)	21761	01	7-	-45				
	1 7 10000	HO COMPLETED CAUSE DF					S LANF	24				
	30. NAME AND AODRESS ON PERSON W DR. MICHAEL 31. DATE EILED (Month, Day, Year)	HO COMPLETED CAUSE DF	BERDANN M			06 HAMMOND	S LANE	21225				
	DR. MICHAEL	HO COMPLETED CAUSE DF	BERDANN M				S LANE	24				



JAN 10 1995

	-	1	STATE REGISTRAR	STATE OF MARY		PARTMENT			MENTA	REG. NO.	E		
•			1. DECEDENT'S NAME (First, Middle, Last) HAROLD	Leroy		BEAT	ry		MONT	OF DEATH DA		YEAR 3.	TIME OF DEATH
			4. SOCIAL SECURITY NUMBER 215-24-3822	5. SEX 6. AGE	66 YF	MONTHE	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH h, Day, Year) 11 25,		Country)	ACE (Stote or Foreign
3 should		CIOR	90. FACILITY NAME (If not institution, give str Good Samaritan Hos					imore		,		Y OF DEAT	
1, 2		בַּ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY										d. INSIDE CITY
nit. Page		DIME	Md	31113	Baltimore								
n. ansit perr		FUNEHAL	516 S. Bouldin Str	8 S. Robins	on Stre	et		21224				EN OF WHA USA	T COUNTRY?
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-transit permit. Pages 1, 2, 3 should		à	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Vidowed 4 Divorced	IN U.S. ARMED 2 NO DATES	NO If yes, specify Cuben, Mexicen, Pr					or No-	4. RACE — Black, W Specify: Whit	American Indian, /hite, etc.	
215 attend		3	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Give kind	NT'S USUAL OC			16b	. KIND OF BUS	INESS/INDU		.e
MARYLAND 2121 retained by the hospital or ath 5 should be detached for use		COMPLEIED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do Ni	fe. Do NOT use retired.)							
AN he hos detach	once.	2	17. FATHER'S NAME (First, Middle, Last)		Mainte	manice		16. MOTHER'S NA		<u>nerica:</u> Middle, Maiden		Co	
RYLAND ed by the hospit uld be detached	16		Edward A. Beatty	·				Lillia	n E.	Smith			
MAR e retained 5 5 should	notifi	2	190. INFORMANT'S NAME (Type/Print) Mildred Tolston					nd Number or Aurel n Street					2/
BALTIMORE, after death. Page 6 may be by the funeral director, page	ust be		20e. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remo	val from State Ce	b. PLACE AND D	ATE OF DISPOSIT	TION (Na		DAT	E 20c. LOC	CATION - C		
Page of direct	mer m	ł	4 Donetion 5 Other (Specify)	ENSEE O	aklawn			ID ADDRESS OF FA	1/1	9 Ba	ltimo	re, M	ld.
death. Page 6 may te funeral director, p	examiner must	1	· Pfilles	Alnih				-Ashton				1	3/1 0100/
B after n by the	or removal	7	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart tailure. List only one cause on each line. Approximate interval Between										Approximate
			IMMEDIATE CAUSE (Final			4.84	904	200-1	1				Onset and Death 5 DAYS
68760, executed within and completely	prior to bunal, cremation, traumatic event, the		resulting in death)	DUE TO (OR AS	A CONSEQUENCE	E OF):	177	RCTOR	3				
68760, pecuted with and complet	burial,	5	Sequentially list conditions,	SEP.									5 DAYS
BOX cate be ex hysician a	raum raum		It any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENC	E OF):							
O. B certificate ding physi	Hygiene prior to buria or other traumatic		CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENC	E OF):							
S, P.O death certi			resulting in death) LAST										
	5 6 3	ZAL	PART II. Other algoriticant conditions END STAGE REV			ing in the unc	derlyling	g cause given in	Part I.	24a, WAS AN PERFOR	MED?	AM CO	RE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
田子	State Dept. of Health	. MED	DID TORACCO LISE CONTR	IDLITE TO CALISE (DE DE ATU	VEC CL	10 [LINICEDTAL				1 (YES 2 NO
	State Dept.		DID TOBACCO USE CONTR	IBUTE TO CAUSE (DEATH (Check o		UNCERIAI	иПІ		-		
F VITA SICIAN: The certificate ha		2	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 □ ER/Out	petient 3 🗆 DC	OTHER		e 5 🗆 Residence	6 🗆 Othe	r (Specify)			
O = %	Ked,		27. MANNER OF DEATH 1 Metural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b.	TIME OF INJURY	28c. INJI WO	RK?	26d. DES	CRIBE HOW IN	JURY OCCU	RED	
S TEN	28 is		2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, fa	rm, atreet, facto				ATION (Street e or Town, Stete)	nd Number o	r Rural Rout	Number,
DIV L DIRE	: If item		29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of my know	vledge, death oc	curred at the tin	ne, date	end piece, end due	to the cau	ise(e) end men	ner ee atatec	f.	
HOSPITAL	ANT: If	3		: On the besis of examination									nd menner ee stated.
뿔뿔		a	796. SIGNATURE AND TITLE OF CERTIFIER	ma ol-	2			29c. LICENSE NUI	00				onth, Day, Year)
88	2 ₹		30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27)	Type, Print)		1-076	60E	2	JA	NURA	4 5 170

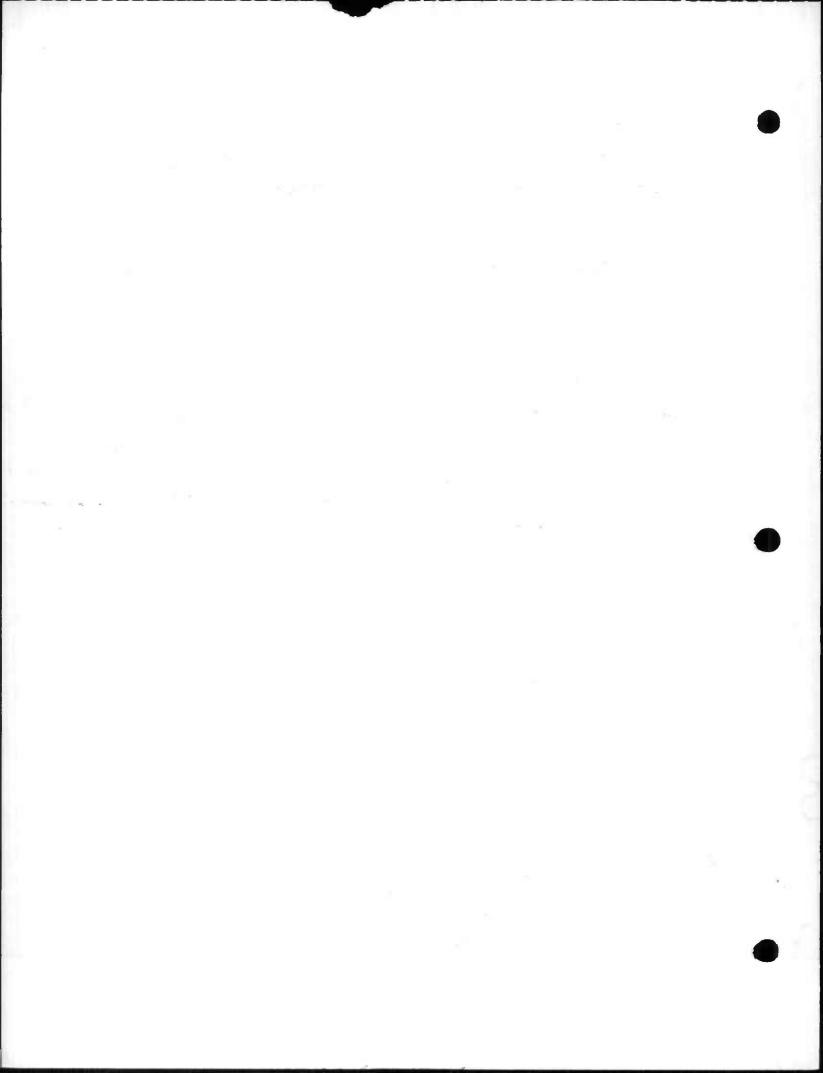
GAMARITAN HOSETTAL, 5601 LOCHRIVEN BONLEVARD BATT. MAZIZA

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

JAN: The law requires that the death certificate be executed within 27 hours after death. Page 6 may be retained by the hospital or attending physician.	NEW DESTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
3 PHYSICIAN: The law requires that the death certificate be exect	VEX. DRECTOR: After this certificate has been signed by the attending physician and completely filled in to the	It if the 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notif
SPIN OR ATTENDING	NEW DIRECTOR: After	ME III USAM 28 Is m

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	REC	G. NO.						
1. DECEDENT'S HAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY								YEAR	3. TIME OF DEATH				
- 1	NAOMI		RNOFF			JAN. 7,1995			1150 A M				
	010 74 010	SEX 8. AGE	(In yrs. lest birthday) 92 YRS.	MONTHS DAY		7. DATE OF BIR (Month, Day, NOV 2	тн 6, 1902	Count	HPLACE (State or Foreign iry) GINIA				
_	9a. FACILITY HAME (If not institution, give street				N OR LOCATION OF D	EATH		UNTY OF D	DEATH				
DIRECTOR	MERIDIAN NURSING H	HOME		BR	OOKLANDVI	LLE	BA	LTIM	ORE				
EC	RESIDENCE OF DECEDENT 10e. CITY, TOWN OR LOCATIOH 10e. 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATIOH 10												
듬	MARYLAND			BALTI	MORE				LIMITS?				
	10e. STREET AND NUMBER				10f. ZIP CODE		10g. Cl1	TIZEH OF 1	WHAT COUNTRY?				
E	3612 FORDS LANE, A	APT. C			21215								
E	11. MARITAL STATUS 1	P. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR C	2 X HO	2 HO It yes, specify Cuben, Maxican, Puarto Rican, atc.)									
	15. DECEDENT'S EDUCAT		18a. DECEDENT'S	USUAL OCCUPA	TIOH	16b, KIND	OF BUSINESS/IH	DUSTRY	WHITE				
	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	(Give kind of w life. Do NOT us	vork done during e retired.)	most of working								
를	12		HOT	JSEWIFE			AT HC	ME					
BE COMPLETED	17. FATHER'S HAME (First, Middle, Last) WOLF HARRY OMANSKY	7				AME (First, Middle, I A BARACH							
10 8	190. INFORMANT'S HAME (Type/Print) MR. NATHAN CHERNOF	'F	196. MAILINO	19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7911 STEVENSON ROAD BALTIMORE, MD 21208									
	20e. METHOD OF DISPOSITIOH 1 D Burlet 2 Cremetion 3 Remove		b. PLACE AHD DATE Of metery, cremetory or of	PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata									
	4 Donation 5 Other (Specify)		BETH I	EL MEMO	STOWN, MD								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY SOL LEVINSON & BROS., INC.												
	23. PART I. Enter the diseases, or corr	iplications that cause	d the deeth. Do n	ot enter the	O REISTER	RSTOWN R	OAD BAL	TIMO	RE, MD 21215				
- 1	shock, or heert fellure. List only one cause on each lina. IMMEDIATE CAUSE (Final Onset and Desth												
	disease or condition resulting in death) s. (Cryclio100)114/0140								Imed				
- 1	DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions, b.	Sequentially list conditions b.											
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING	f sny, leading to immediate											
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):									
	resulting in death) LAST												
	PART II Other cleatificant and filling												
EDICAL	PART II. Other significent conditions of				ing ceuse given in	Р	ERFORMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?				
CIAN: ME	DID TOBACCO USE CONTRIB	LITE TO CALISE (OF DEATH VE	s II NO	UNCERTAL				1 TYES 2 NO				
A	25. WAS CASE REFERRED TO MEDICAL	OIL TO CAUSE C	28. PLACE OF DEAT										
5		OSPITAL: Inpatient 2 ER/Out	patient 3 🗆 DOA	OTHER:	ome 5 🗆 Rasidence	8 Other (Speci	(v)						
PH	27. MAHNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c.	NJURY AT YORK?		HOW INJURY OC	CURED					
BY	1 Action 5 Pending Investigation	(Moral, Dey, Isel)			YES 2 NO								
	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, a lcify)	treet, fectory, of	fica	281, LOCATION (City or Town,	Street and Numbe , State)	r or Rural f	Route Number,				
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: C								s) and manner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE HU				(Month, Day, Year)				
BE	× knult-	Bener	5 mr		DICG	141	> /	1771	95				
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,		1	7-/			/)				
	21 (roon rouce 31. DATE FILEO (Month, Day, Your)	MY- 32, REGISTRAR'S SIGN		m///	s, ma	2/117	7						
	JAN 1 0 1995 July	diwder Re	dall										



MASICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
24 hours after death. Page 6 may
ritificate be executed within
AN: The law requires that the death or

The State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

tern marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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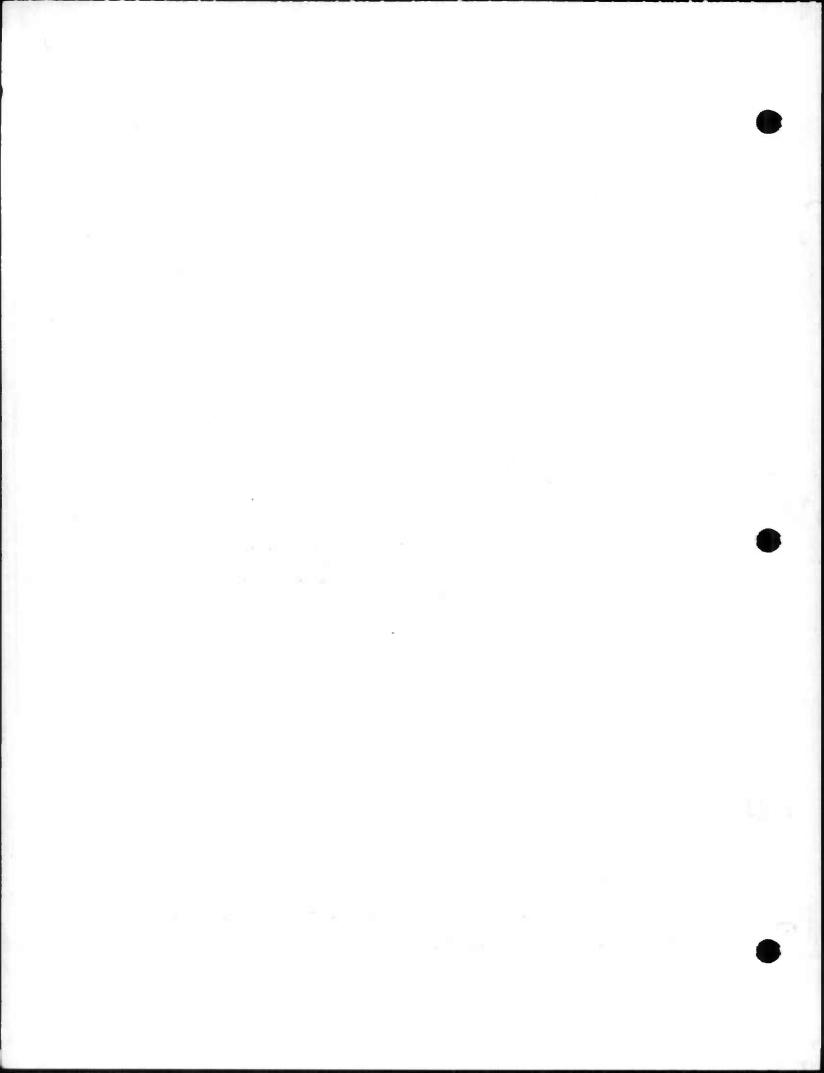
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IMPORTANT III

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)				32/11/1	2. DATE OF OEATH		3. TIME OF DEATH				
	Zenia M	Coope				MONTH D	95	0900 P M				
	110/25/04/10/04/10/04/10/04/10/04/10/04	. SEX 6. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIR Cou	THPLACE (State or Foreign				
	224 70 4273	□ M 2XCXF 51	YRS.	WONTING DAYS	HOURS MIN.	2-10-43	N	ID.				
Œ	9e. FACILITY NAME (If not institution, give street				OR LOCATION OF D		9c. COUNTY OF	DEATH				
Ē.	UNIVERSITY HSP. BALTIMORE CITY											
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											
	MD.		ВА	LTIMOR	ECITY			LIMITS?				
BY FUNERAL	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN OF WHAT					
NE	507 NORTH STRIC				21217		USA					
E	1 Never Married 2 Married	2. WAS DECEDENT EVER IN I FORCES? 1 TYES	2 NO	It yes, sp	ecify Cuben, Mexic	NIC ORIGIN? (Specify Yes en, Puerto Rican, atc.)		CE — American Indien, ick, White, etc.				
	3 Widowed W Divorced	IF YES, GIVE WAR OR DAT	F 123, GIVE WAR ON DAIES			ły:		Specify: BIACK				
COMPLETED	15. OECEDENT'S EDUCAT (Specify only highest grade con	ION moleted)		USUAL OCCUPATION		16b, KIND OF BUS		LAUK-				
LET	Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	ille. Do NOT us	e retired.)	at or working							
MP		KNOWN	UNKNO	WN								
	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden	Sumeme)					
BE	JAMES BEDFORD 190. INFORMANT'S NAME (Typo/Print)		19h MAII ING	ADDRESS (Street of		UDGINS Route Number, City or Town	- O T O					
2	MARY TERRY					VE. 21239						
	20e, METHOD OF DISPOSITION		LACE AND DATE	F DISPOSITION (Na			CATION — City or	Town, State				
	M Mouriel 2 Cremetion 3 Removal from State A Company Compan											
	21. SIGNATURE OF FUNERAL SERVICE DICENSEE 22. NAME AND ADDRESS OF FACILITY											
	I. CARROLL F/H 1712 W. NORTH AVE.											
	23. PART I. Enter the diseases, or com-	plications that caused t	the deeth. Do n	ot enter the mo	de of dying, aud	h ea cardlec or reapl	ratory arreat,	Approximate				
	ahock, or heert fallura. List only one ceuse on each lina. Interval Between Onset and Death											
	disease or condition resulting in death) e. Due to (or as a gonsequence of): Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of):											
		DUE TO (OR AS A G	ONSEQUENCE OF	7: //		00. 7	00					
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF)											
CA	rany, teeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury											
	that initiated events resulting in death) LAST											
CER	d											
	PART II. Other algnificent conditions c	ontributing to deeth but	not resulting i	n the underlying		Part I, 24s. WAS AN PERFOR		Ib. WERE AUTOPSY FINDINGS				
MEDICAL	alcoholy	m pent	tontie	con	horis	1 (UVES 2		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
ME						_		1 TYES 2 NO				
PHYSICIAN:	DID TOBACCO USE CONTRIB				UNCERTAI	N D						
Si C		OSPITAL:		H (Check only one) OTHER:								
ΗXS	1 YES 2 NO 1	28e. DATE OF INJURY	lent 3 DOA			6 Other (Specify) 28d. DESCRIBE HOW IN	HIDV COCURED					
7	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY WO	RK?	200. DESCRIBE NOW IF	DON'T OCCORED					
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, etc. (Specify	- At home, term, a	treet, tectory, offic		281. LOCATION (Street a	nd Number or Rural	l Route Number,				
E	4 Homicide determined	soliding, etc. (Specify				City or Town, State)						
P	290. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowled	ige, death occurre	d at the time, date	end plece, end due	to the cause(s) end men	ner es stated.					
COMPLETED	one) 2 MEDICAL EXAMINER: C	on the besis of examination e	end/or investigation	n, in my opinion, d	eath occured at the	time, date end place, end	I due to the ceuse	(s) end menner es atated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	0 10 1			29c. LICENSE NU	MBER	29d. DATE SIGNE	D (Month, Day, Year)				
10	Michael 2(Jollin N.)		D450	137	► 1/7	195				
	30. NAME AND ADDRESS OF PERSON WHO CO	DMPLETED CAUSE OF DEAT		ecne.	C+ R	alto m	10					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT		ecne	31. P	7170 1W	<i>U</i>					
JAN 1 0 1995 Julia Davidson Revall												



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	8	ŭ,	ž	島
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	TO THE HOSPITAL OR CONTINUE PHYSICIAN: The law requires that the death certificate be executed within chours after dea	TO THE FUNERAL PARCIDER ATER THIS CERTIFICATE has been signed by the attending physician and completely filled in by the fur	be filed within 72 comments the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exa
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		FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	TMEN ICAT	T OF H	IEALTH DEA	AND N	MENTA	L HYGIEN REG. NO				
	į	1. DECEDENT'S NAME (First, Middle, Last)	100000000000000000000000000000000000000							2. DAT	E OF DEATH	AY	YEAR 3.	3. TIME OF DEATH	
	1	Kirk Kennard 4. SOCIAL SECURITY NUMBER	Claibo:	V							01 06 95 5:50 DATE OF BIRTH 8. BIRTHPLACE (State				M
	i	220-92-6308	1 M 2 F	1		MONTHS	DAYS	HOURS	MIN.	(Mon	th, Day, Year)	i	Country)	CE (State or Fore	
		9a. FACILITY NAME (If not institution, give st	reet and number)	31		9b. CIT	Y, TOWN (OR LOCATI	ON OF DE		23/03	9c. COUN	TY OF DEAT	0., M	1
8		Columbia Medic		C	o1un	nbia			Howard			F			
RECTOR		RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION					10	d. INSIDE CITY	
5		Maryland Howa	rd		C	olu	mbia	i					1	LIMITS?	0
ERAL		10e. STREET AND NUMBER					- V	. ZIP COD	E			10g. CITIZ	EN OF WHA	T COUNTRY?	
Ä		7539 Weatherwo			21046					-	L	USA			
J.		1 Never Married 2 Married	FORCES? 1	YES 200 DATES	NO	13.	If yes, sp	ecify Cube	n, Maxican	n, Puarto	N? (Specify Yes Rican, etc.)	or No-	14. RACE — American Indian, Black, White, atc.		
BY		3 Widowed 4 Divorced	# 123, GIVE V	WIN ON DATES			I U TES	2 NO	Specify				Specify:	Black	
ETED		15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a, DE	CEDENT'S	USUAL (during mo	ON ast of worki	ng	166. KIND OF BUSINESS/INDUSTRY Harleysville Mutual					
님		Elementary/Secondary (0-12) 12th	College (1-4 or 5	* *	(Give kind of work done during most of working life. Do NOT use retired.) Insurance Rep. Harley Insura				_						
once.		17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, M										_
ed at .		Daniel Claibo	rne, Si					L	ouis	e e					
TO E	- 11	19a. INFORMANT'S NAME (Type/Print)	E 4100 W								nber, City or Tow				
E P		Kimberly Claib 20s. METHOD OF DISPOSITION	orne	isabilitatin ilay							ay Columbia, Md. 21046				
nust must		20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removed from State 4 Donation Date Company or other place) King Memorial Park 1/11/95 Randallstown, Md.													
ner	1	21. SEGNATURE OF FUNERAL SERVICE LIC	EMORE	22. NAME AND ADDRESS OF FACILITY										•	
examiner must be notified at once. TO BE COM		XII KI	7) K	101	LEROY O. DYETT & SON FUNE 4600 Liberty Heights Aven						ERAL	HOME			
other traumatic event, the medical	7	23. PABT I. Prier the diseases or c	omplications the	t cayland the de	ath. Do r	not ente	r tha mo	de of dy	ing, auch	38 CS	diac or respi	ratory sme	st,	Approximate	
Ē	Interest, or heart fallure. List only one cause on each line.											Interval Bets Onset and D			
#	disease or condition resulting in death)											2 YEA	23		
8			DUE TO	DUE TO (OR AS A CONSEQUENCE OF):											
or other traumatic		Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
E A		If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury													
	į	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):													
			1					_							
any Injury, DICAL C		PART II. Other significant conditions				in the u	nderiying	g cause	given in F	Part I.	24a. WAS AN PERFOR			RE AUTOPSY FIND	
EDIC EDIC		preumonin	+ 1161	nevniv	4					_	1 - YES 2	Xue	co	MPLETION OF CAU DEATH?	
Sho S		DID TOBACCO USE CONTR	DIDLITE TO CA	LICE OF DEA	THE VE	·	110	1 1111	COTA IA				1 [YES 2 NO	1
A A		25. WAS CASE REFERRED TO MEDICAL	IBUIE IO CA		E OF DEA	S Check		UNC	ERTAIN	ш.		_			
or Item YSICI		1 TYES 2 NO Phone.	HOSPITAL:			OTHE	R:	e 5 🗆 Re	sidence 6	B [] Oth	r (Specify)				
1 -		27. MANNER OF DEATH	26a. DATE OF (Month, D	INJURY	28b, TIM		26c. INJ			28d. DESCRIBE HOW INJURY OCCURED					
is marked.	İ	Natural 5 Pending investigation	, (CSS=CA)			М	1 🗆 1	/ES 2 [] NO						
28 12		3 Suicide & Could not be 4 Homicide determined	26a. PLACE O building,	F INJURY — At ho etc. (Specify)	me, term, a	street, fac	tory, office			28t, LOC	or Town, State)	and Number o	r Rurel Route	Number,	
E/W		29a. CERTIFIER CERTIFYING BUYEN	NAM. To all the state of												
ANT: If IN		(Check only one) 2 MEDICAL EXAMINER												d manner as state	ed.
O BE COM	-	29b. SIGNATURE AND TITUE OF CERTIFIER	1111	9.					ENSE NUM		74, 40			onth, Oay, Year)	557
IMPO O BE		x David les	dett	ing				X D	901	38		1 1/	995	et	
-12	11	30. NAME AND ADDRESS OF PERSON WHO		7.1				. 1 88		-			1		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2 KNOLL NORTH COLUMN 16 M

32. REGISTRAR'S SIGNATURE DEWOLOR RANGEL

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DHMH-16 Rev 1/89

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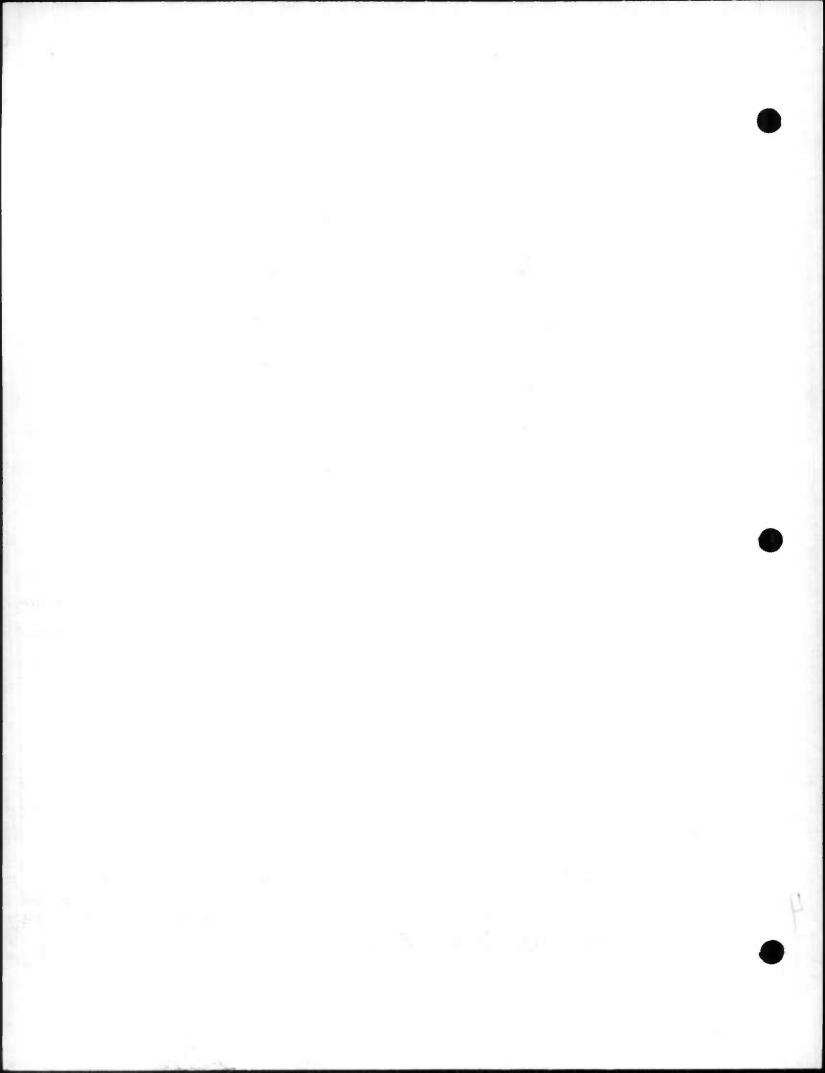
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within or hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours. The marked, or fleat by the marked or fleat 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

				<u>-</u>	<u>JEITTI</u>	ICAI	_ 01	DEA		REG. NO).		
	1. DECEDENT'S NAME (First,	0 -171	1. 4							2. DATE OF DEATN	XAX	YEAR	3. TIME OF DEATH
	John J. (Jan. 6,	199		16:10p w
	1	200	5. SEX 1	6. AGE (In yrs.	last birthday) YRS.	MONTHS	DAYB	HOURS	24 HRS.	7. DATE OF BIRTIN (Month, Opy, Ybar) NOV . 19,	0.24	8. BIRTNI	PLACE (State or Foreign
	347-24-43 9a. FACILITY NAME (# not ins			63	rns.								
Œ	Anne Arur			Cont		96. CITY, TOWN OR LOCATION OF DEATH Annapolis Anne A							
16	RESIDENCE OF DEC		edical	Cent	er	Ann	apo	IIS			Anı	ie A	rundel
DIRECTOR	10e. STATE MD	Anne	Arund	el	A1	y, town	d LOCAT	IDN					10d. INSIDE CITY LIMITS? 1 YES 2 ND
FUNERAL	570 Belle	rive	Drive					21P COD 0 1 2	E		10g. CIT		HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER II FORCES? 1 1 VES VES IF YES, DIVE WAR DR D.				2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)					s or No-	14. RACE — American Indian, Black, White, atc. Specify: White		
6	15. DECE (Specify only	DENT'S EDUCAT	TIDN (mpleted)	16a.	DECEDENT'S	USUAL O	CCUPATIO	N at of world		16b. KIND OF BU	SINESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0-		College (1-4 or 5 +) [(Give kind of life. Do NOT u tone			SI OF WORK	-5	Histo	ric	Rest	toration
BE CO	17. FATNER'S NAME (First, Mic Anthony C		ki				-			ME (First, Middle, Maider Augusti		ζ	
TO B	19a. INFORMANT'S NAME (Ty) Patricia		ski							Route Number, City or Tov.			21012
	20a. METNOD OF DISPOSITION 1 □ Burlel 2 反 Cremellor 4 □ Donation 6 □ Other	3 🗆 Remove	al from State	20b. PLAC	E AND DATE	OF DISPOS	SITION (Na	me o/			CATION —	City or Tow	
	21. SIONATURE OF PUNERAL		SEE	Thet	ro ci		NAME AN	D ADDRE	SS OF FA	CILITY	dIL.	LIIIOI	e, MD
	· Dali	A lu	1/1			1	2 R	ideo	vlr	neral Ho	anol	is.	MD 21401
	23. PART I. Enter the dis	eases, or cor	it only one ceu	ceused the	deeth. Do	not enter	the mo	de of dy	ing, auc	h as cardiac or resp	iratory ar	reat,	Approximate
	IMMEDIATE CAUSE (Fine disease or condition resulting in death)	d	VEN			7	TACA	YYC	ARD	IA			Interval Between Onset and Death
Z	Sequentially list condition		CON	OR AS A CONS	EOUENCE O	F): 4				LURE			2 DAY
CATIC	if any, leading to immed ceuse. Enter UNDERLYIN CAUSE (Disease or Injur	late IG	PR	OR AS A CONS	MYO	CAK	DIA	()	INF	ARCTION	/		NOT KNOWN
CERTIFICATION	that initiated events resulting in death) LAST			OR AS A CONS									NOTKNOWN
	PART II. Other significan	t conditions	contributing to	death but no	t reculting	in the un	nderlying	ceuse	given in	Part I. 24s, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL								0.40	rase ra	PERFOI			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ξ.	DID TOBACCO US	E CONTRIE	BUTE TO CAL	ISE OF DE	ATH YE	S D I	NO [LINC	FDTAIN				1 TES 2 NO
A	25. WAS CASE REFERRED TO				ACE OF DEA			0140	LKIMI	101			
Sic	EXAMINER?		OSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Num		5 🗆 Be	eldence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 P	andina	26a. DATE OF (Month, Da		28b. TIM		28c. INJU	JRY AT		28d. DESCRIBE HOW	NJURY OC	CURED	
-6	2 Accident in	veatigation	40 00 000 00			М		ES 2	NO				
A		ould not be etermined	28e. PLACE Of building, a	INJURY — At itc. (Specify)	home, term, :	street, fact	ory, office			28f. LOCATION (Street City or Town, State)	and Number	or Rural Ro	oute Number,
2										to the cause(s) and ma			
8			on the basis of ax	ministron and/c	or investigatio	n, in my o	pinion, de	ath occur	ed at the	time, data and placa, ar	d due to th	a cause(s)	and manner as stated.
TO BE	29b. SIGNATURE AND TITLE (ph	md	Ken	ne	es	2	29c. LICE	D 4	44837	29d. DAT	1/9	Moren, pay, vaux)
=	30. NAME AND ADDRESS OF											,	MARYLAND
			ENNE		27	5 1	HEST	5	TRE	ET SUIT	£ 22	2 A	NNAPOLIS, MAD
	31. DATE FILED (Month, Degr. Ye	1 0 19	32. REGISTER	A CHURC	orkan	all							
	/		,								-		DHMN-16 Rev 1/89



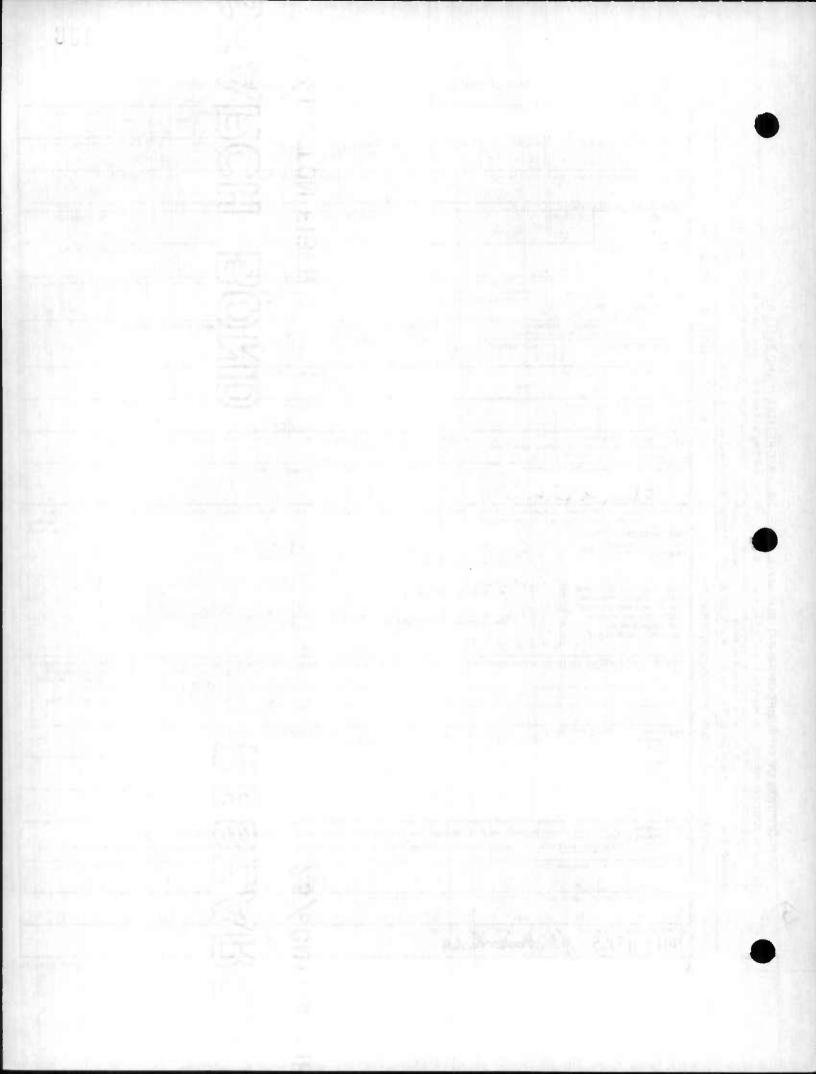
BALTIMORE, MARYLAND 21215-0020	beath certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physicial
3, P.O. BOX 68760,	th certificate be executed within
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DIVISION OF VITAL RECORDS

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages have filled within 72 hours after death with the State Decir, of Health and Merital Hydries paior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last) Marjorie A				2. DATE OF DEATH	1995 **	3. TIME OF DEATH 9:00A				
	4. SOCIAL SECURITY NUMBER 232-76-0988 Se. FACILITY NAME (If not institution, give	5. SEX 6. AGE (In	7. DATE OF BIRTH (Month, Day, Year) Apr. 28	,1908°	Ohio						
HOL	Meridian Heri			Dundalk	DEATH	Balti					
DIMECTOR	Md. Bal	timore		own on Location Oundalk			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNEHAL	6715 Pine Ave			101. ZIP COOE 21222		U.S.					
à	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Mexic 1 YES 2 NO Spec	en, Puerto Ricen, etc.)		RACE — American Indian, Black, Whita, atc. Specify:				
TELED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed) Coffege (1-4 or 5+)		done during most of working ired.)	16b. KIND OF BU	SINESS/INDUST	A-E-X-				
BE COMPLET	6th 17. FATHER'S NAME (First, Middle, Last) George W. Her	cules	Homema	18. MOTHER'S N	Own H AME (First, Middle, Melder Is Bowman	Sumame)					
20	190. NFORMANT'S NAME (Type/Print) Eleanor Baili	ff		Pine Ave., I							
	20a. METHOD OF DISPOSITION 1	moval from State ceme		Cemetery 1-	- -95		.Md.21224				
	+Educin M. B.	kins		Bradley-Asht 2134 Willow	on Funer Spring	Rd., Ba	ne, Inc. 222				
	23. PART I. Enter the disesses, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on sec	ul Mor			iratory arrest,	Approximate interval Between Onset and Death				
HILLAHON	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
- CE	PART II. Other significant condition			ne underlying cause given is	Part i. 24s. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
. MEDIC					1 [] YES :	2 🗆 NO	OF DEATH? 1 YES 2 NO				
HISICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpar		26. PLACE OF DEATH (C							
BY Phy	27. MANNED OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	25b. TIME DE	M 1 YES 2 ND	28d. DESCRIBE HOW	INJURY OCCURE	D				
	3 Suicide 8 Could not be determined		/)		281. LOCATION (Street City or Town, State)	ural Route Number,				
COMPLEIED	one) 2 MEDICAL EXAMIN	SICIAN: To the best of my knowle		my opinion, death occured at th	e time, data and place, a	nd due to the car					
IO DE	296. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	Julue 1	TH (ITEM 27) (Type, Prin	29c, LICENSE NO.	NBER R	P G	3 1 9 5				
	SAVIMDER IC 53 31. DATE FILED (Month, Day, Voer)	ILICA 2 M	ARRET	0 .	INDALK	BALTI	MOREMDIAZZ				
	JAN 1 0 1995 Jul	in a hurder Revoluti					DHMH.16 Bay 1/80				

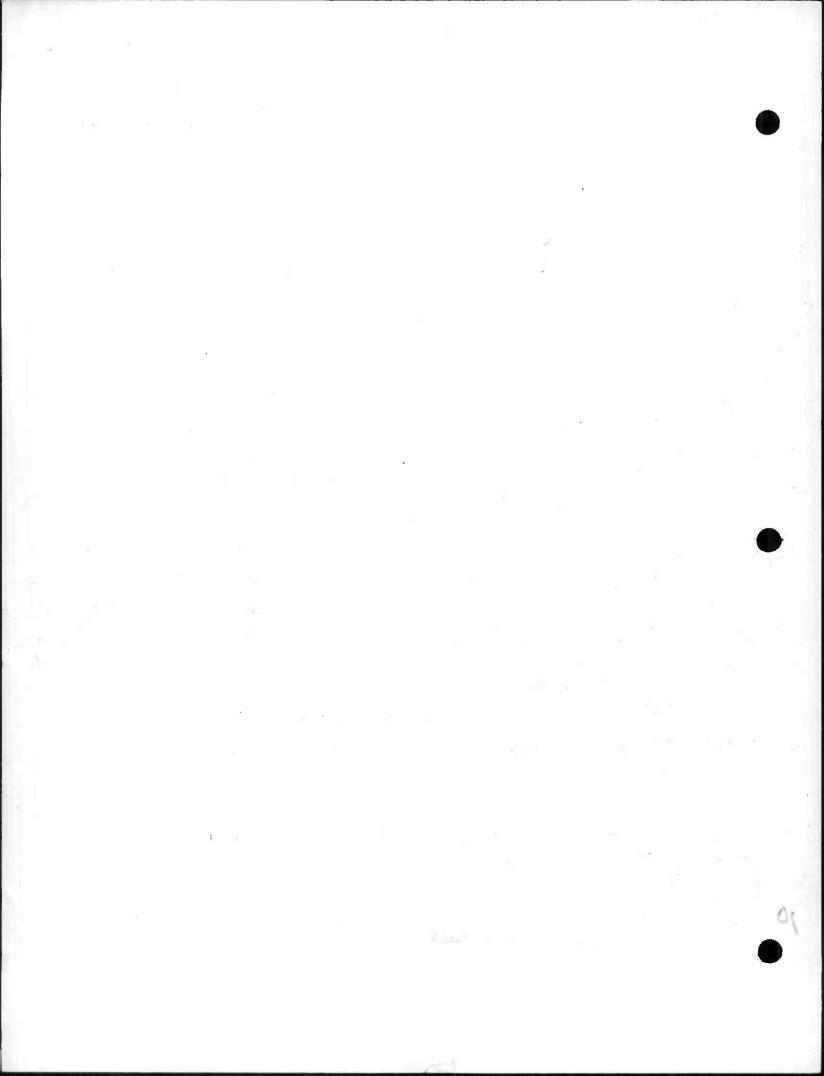


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DIVISION OF VITAL RECORDS, P.O. BOX 6

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	1 - FOR STATE OF MARY		TMENT OF H		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) Jerome Dubinsky				2. DATE OF DEATH	MY C Y	EAR 3. TIME	OF DEATH
		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	216-14-7906 1XI M 2 🗆 F		MONTHS DAYS	HOURS MIN.	JUNE 6,	1920	MD	
000	9a. FACILITY NAME (# not institution, give street and number) SINAI HOSPITAL	R LOCATION OF D	EATH	9c. COUNTY	Y OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT		BAI	TIMORE				
Ä	10a. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCAT	ION	···		10d, INS	SIDE CITY
	MD BALTIMORE		BALTIMOF	Œ				ES 2 X NO
FUNERAL	10e. STREET AND NUMBER	-	101	ZIP CODE		10g. CITIZEI	N OF WHAT CO	UNTRY?
NEI	3703 CORONADO ROAD			21244			USA	
	11. MARITAL STATUS 1 □ Never Married 2 ▼ Married FORCES? 1 □ YE	S 2 V NO	If yes, spe	cify Cuban, Maxico	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	s or No- 14	Black, White,	rican Indian, atc.
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OF	DATES **	1 TYES	2 XNO Specif	у.	- 1	Specify: WH.	ITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S I	USUAL OCCUPATION fork done during mo.	IN staffwedding	16b. KIND OF BU	SINESS/INDUS	TRY	-
Ē	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use	retired.)					
MP	4	SELF-EM	PLOYED(I	PROPRIET		CERY		
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
띪	CHARLES DUBTNSKY 19a. INFORMANT'S NAME (Type/Print)	10h MAII INC	ADDRESS (Owner)		DUBIN			
2	MRS. ANN DUBINSKY				Route Number, City or Tov BALTO, MD			
	20a, METHOD OF DISPOSITION	Ob. PLACE AND DATE O					y or Town, State	
		emetery, crematory or off			8-95		RE, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENIES	AIR RIVERSOL		D ADDRESS OF FA		ALITINO	KE/ MD	
	Hedwey & Alellowa	-			N & BROS.,			
	23, ART i. Enter the diseases or complications that cause	sed the death. Do no	16010 F	EISTERS' de of dying, suc	NOWN ROAD	BALTIM	ORE, MI	21215
	ahock, or heart failure. Liet only one ceuee on IMMEDIATE CAUSE (Final	eech ilne.					In	terval Between
	disease or condition resulting in death)	POVASCI	ULAR	ACC	IDENT			18 hrs
	DUE TO (OR A	A CONSEQUENCE OF):	***				
N	Sequentially liet conditions, Meany leading to immediate	ONIA					7	8hrs
AT	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Joint)			Fai	LUPE		1	ears
윤	that initiated events DUE TO (OR AS	A CONSEQUENCE OF);		Lunce			
CERTIFICATION	resulting in death) LAST	- FIBR	ILLAT	10N				ears
	PART ii. Other significant conditions contributing to death				Boot I Tay uno se			
CAL	HYPERTENSION	but not readiting in	i the onderlying	cause given in	PERFO	RMED?	AVAILABI	JTOPSY FINDINGS LE PRIOR TO TION OF CAUSE
MEDIC					1 TYES	NO	OF DEAT	H?
Σ.	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF	DEATH? Y	ES I NO			1 YE	S 2 XNO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			ACE OF DEATH (C)				
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/O		OTHER:	5 Residence	6 Other (Specify)			
£	27. MANNER OF DEATH 28s. DATE OF INJUR (Month, Day, Year			JRY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED	
B	2 Accident Investigation		M 1 🗆 Y	ES 2 NO				
	3 Suicide 8 Could not be determined 28a. PLACE OF INJU building, atc. (S	RY — At home, term, st pecify)	treet, factory, office		281. LOCATION (Street City or Yown, State		Rural Route Nurr	nber,
E							···	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kn							
00	one) 2 MEDICAL EXAMINER: On the basis of axaminar	tion and/or investigation	n, in my opinion, de	eath occured at the	time, data and place, a	nd dua to the c	ause(s) and ma	nner as atsted.
JR.	296, SIGNATURE AND TITLE OF CERTIFIER	11. +		29c. LICENSE NUI	WBER	29d. DATE S	IGNED (Month, L	Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Imp	Oriet)	HOLYUL	14841m-17	0/	106/9.	5
	Connie McRill M.D.	Sinai	Hospi	tal	Baltimo.	e, M	1D	
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DHMH-16 Rev 1/89

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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writing. I hours
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	K
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		1. DECEDENT'S NAME (First, Middle, Li	eat)			ICATE O			REG. NO.		3.	TIME OF DEATH
		James	Dul	bose				M	ONTH DA		YEAR T	11.4110
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	at birthday)	IF UNDER 1 YEAR	IF UNDER 2		ATE OF BIRTH			CE (State or Foreign
		248-98-4879	1 🔀 M 2 🗆 F	40		MONTHS DAYS	-	MIN. 7	1/1944		Country)	
pinous		Sa. FACILITY NAME (If not institution, gi	ve atreet and number)	10		9b. CITY, TOWN	I OR LOCATION		1/1944		S . C	arolina
C)	E E	Sinai Hospi								SC. COUNT	T OF DEATI	
1, 2,	СТОВ	RESIDENCE OF DECEDENT	tai			Ба	1timo	re				
8	ш	10a. STATE 10b. COL	INTY			Y, TOWN OR LOC				· · · · · ·	100	1. INSIDE CITY
놽	DIR	Maryland			B	altimo	re				10	YES 2 NO
permit.	ERAL	10e. STREET AND NUMBER				1	IOF. ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?
n. ansit		4855 Reister	stown Roa	a d			212	15			USA	
020 physician. burlal-transit	FUN	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A		13. WAS DI	ECENDENT OF	HISPANIC OF	NGIN? (Specify Yee orto Rican, etc.)	or No- 14	4. RACE — A	American Indian,
the by	BY	1 Never Merried 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE Y		2-	1 🗆 YI	ES 2 X NO	Specify:	into mean, etc.)	- 1	Specify:	Black
₹ 8	ED E	16. DECEDENT'S E	DUCATION	140.0								DIACK
or all		(Specify only highest gi	ade completed)		Bive kind of a Do NOT u	Work done during i	most of working		16b. KIND OF BUS	INESS/INDUS	STRY	
	12	Elementary/Secondary (0-12) 12th	College (1-4 or 5 -	+)		n/a				- /-		
AND 2 the hospital detached fo	COMPLET	17. FATHER'S NAME (First, Middle, Last)			_	11/ a	16. MOTHE	R'S NAME (EI	rst, Middle, Malden	n/a		
Z > 2 %		Dan Dubose						11a M		Surrente)		
MARYLAND retained by the hospit s should be detached notified at ence.	BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street			Number, City or Town	n State Zin C	ordel 2°	1215
40	2	Rosa Davis				Reist				1time	٠.	
BALTIMORE, or death, Page 6 may be the funeral director, page val.		20s. METHOD OF DISPOSITION				OF DISPOSITION (CATION - CI		
ALTIMOR leath, Page 6 ma funeral director, p		1 Buriel 2 Cremetion 3 R	emoval from State			Memor			Arb			ryland
ALTIM death. Page funeral dire		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1	. 1	22. NAME	AND ADDRESS	OF FACILITY				
ALTIN death. Pag hineral dis		MAN 107	1. () 1	(h . a -	1				T & SO			
B) after of the removal.	\vdash	23. PART. Eate the diseases,	Compliant land the		4	460	0 LIB	ERTY	HEIGHT	SAVE	ENUE	
5.5.9	1 1	shock, or heart felly	e List only one cau	se on each lin	D.	not enter the m	loae or aying	g, such ee	cerdisc or respi	ratory erree	ot,	Approximate interval Between
7 E 8 2		IMMEDIATE CAUSE (Final disease or condition		V								
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BALTIMORE, MARYLAND 21215-0020	Durs after death. Page 6 may be retained by the hospital or attending physician.	LINFCTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-bransit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within executed the fast after death. Page 6 may be retained by the hospital or attending physician.	INFECTOR: After this certificate has been signed by the attending physician and completely fil

TO THE SECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

"IMPORTANT: If, item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once." THE HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certi

	irst, Middle, Last)		C		ICALE	OF DEATH		REG. NO.			3. TIME OF DEATH
Ant	anas		nskas					MONTH DA	, 199	YEAR	4:00 P.
4. SOCIAL SECURITY NU		5. SEX	8. AGE (In yrs. In	st birthday)	IF UNDER 1 Y	EAR IF UNDER 24		, DATE OF BIRTH	, 193		PLACE (State or Foreign
353-34-0949		1 X M 2 □ F	90	YRS.				(Month, Day, Year) 01-19-1904		Lith	uania
9a. FACILITY NAME (# not 1512 Barre	ett Rd.					timore	OF DEAT	TH		timo	
Maryland	10b. COUN	timore		10c. CIT	Y, TOWN OR L	OCATION	ī				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER		d				101. ZIP CODE 21207	7		10g. CITI		VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 D	Married	12. WAS DECEDE FORCES?	NT EVER IN U.S. A 1 YES 2 X WAR OR DATES	RMED NO	If ye	s, specify Cuban,		ORIGIN? (Specify Year Puerto Rican, atc.)	or No—	14. RACE Black Specif	- American Indian, t, White, atc.
	PECEDENT'S ED only highest grad y (0-12)		S	Give kind of e. Do NOT u	usual occu work done during me retired.)	IPATION ng most of working		16b. KIND OF BUS	SINESS/IND	USTRY	
17. FATHER'S NAME (Flost, Motiejus	Du	ıbinskas				ALCOHOL:	n's name Ona	E (First, Middle, Meiden Sukaus)			
19a. INFORMANT'S NAME Anastasia		ekac			o - I - I - I	treet and Number of t Road		timore, M			21207
20a, METHOD OF DISPOS	BITION		20b. PLAC	E AND DAT	E OF DISPOSI	TION (Name	Dar		CATION —		
1 ☐ Burial 2 ☐ Crems 4 ☐ Donation 5 🂢 Oti			t. Loudo	y cremator on Pa	rk Cem	etery		1-10 Bal	Ltimo	re,	Maryland
21. SIGNATURE OF FUNE	RAL SERVICE L	JCENSEE									
42/2	-il	13/	les.	2	Dav:		ber	Funeral H		re.	Md. 21229
23. PART I, Enter the					Dav: 531	id J. We l Edmond	ber Ison	Funeral H Ave. Bal	Ltimo		Md. 21229
	r heart felfure Final	complications the List only one ca			Dav:	id J. We l Edmond a moda of dylng	ber son	Funeral F Ave. Bal	Ltimo		Approximate interval Between
ahock, or IMMEDIATE CAUSE (disease or condition resulting in death)	r heart feifure Final	a. Due 1	CAN O (OR AS A CONSI	EOUENCE C	Dav: 531: not enter the	id J. Well Edmond a mode of dying n sum	eber Ison g, auch	Funeral F Ave. Bal as cardiac or respi	Ltimo	rest,	Approximate interval Between
ahock, or IMMEDIATE CAUSE (disease or condition	ditions, mediate LYING niury	a. My over 1 b. Due 1	OCAN O (OR AS A CONS	EOUENCE C	Dav: 531: not enter the	id J. Well Edmond a mode of dying n sum	eber Ison g, auch	Funeral F Ave. Bal	Ltimo	rest,	Approximate interval Between
shock, or immediate Cause (disease or condition resulting in death) Sequentially list conif any, leading to immoduse. Enter UNDERI CAUSE (Disease or lithat initiated events	ditions, mediate LYING njury	a. My one ca	O (OR AS A CONSI	EQUENCE C	Dav: 531. not enter the	id J. Well Edmond mode of dying n fa scon	son g, auch AC	Funeral F Ave. Bal an cardiac or respi FLOM FOLIA	Ltimo ratory and	rest,	Approximate interval Betwee Onset and Dec I day
shock, or immediate Cause (disease or condition resulting in death) Sequentially list confi any, leading to immediate. Enter UNDER (CAUSE (Disease or in that initiated events resulting in death) L.	ditions, mediate LYING njury	a. My one ca	O (OR AS A CONSI	EQUENCE C	Dav: 531. not enter the	id J. Well Edmond mode of dying n fa scon	son g, auch AC	Funeral F Ave. Bal as cardiac or respi FLOM	Ltimo ratory and Pautopsy MED?	rest,	Approximate interval Betwee Onset and Dec 1 day
ahock, or IMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list con- if any, leading to imr couse. Enter UNDER CAUSE (Disease or li that initiated events resulting in death) L PART II. Other signif	ditions, mediate Lying AST	b. DUE TO	O (OR AS A CONSI	EQUENCE CO	Dav: 531. not enter the	id J. Well Edmond a mode of dying a mode of dying a mode of dying cause given by the caus	Son g, auch a port	Funeral F Ave. Bal as cardiac or respi FLM FUN FUN FUN FUN FUN FUN FUN FU	Ltimo ratory and Pautopsy MED?	rest,	Approximate interval Betwee Onset and Del Carlo
ahock, or IMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list condition if any, leading to limit couse. Enter UNDER CAUSE (Disease or lithat initiated events resulting in death) L PART II. Other significations of the country of the cou	ditions, mediate Lying AST	b. DUE TO	O OR AS A CONSI	EQUENCE C	Dav: 531. not enter the property of the state of 28 and 2	id J. Well Edmond a mode of dying a mode of dy	Son g, auch ATH (Check defice 6	Funeral F Ave. Bal as cardiac or respi FLM FUN FUN FUN FUN FUN FUN FUN FU	AUTOPSY MED?	24b	Approximate interval Between Onset and Des I of the I of
ahock, or IMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list condition if any, leading to improve the couse. Enter UNDER CAUSE (Disease or lithat initiated events resulting in death) L PART II. Other aigniff 25. WAS CASE REFERRER EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	ditions, mediate LYING njury AST	b. DUE To d. DUE To d. HOSPITAL: 1 Inpetient 2 28e. PARCE	O COR AS A CONSI	EQUENCE COLUMN TO THE PROPERTY OF THE PROPERTY	Dav: 531. not enter the pp: pp: in the unde other: A Dav: nother: A Dav: A Da	Id J. Well Edmond a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying a mode of dying cause given by the cause given by t	Son g, auch ATH (Check NO	Funeral F Ave. Bal as cardiac or respi FLM FUN FUN FUN FUN Bal Bal Bal Bal Bal Bal Bal Ba	AUTOPSY MED?	24b	Approximate interval Betwee Onset and Delication of Causi Of Death? Were Autopsy Findin AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO

CAUSE OF DEATH (ITEM 27) (Type, Print)
N., 3455 WILKEWS

Mypersolini Infaction Hypertension *Memorial lie heart disense and the state of t

REG. NO

STATE REGISTRAR

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1. OECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH 95 06304 01 08 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) Feb. 22, 1929 74-2 1 - M 2 F YRS. 65 New York Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Anne Arundel Medical Center DIRECTOR Annapolis Anne Arundel RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Anne Arundel Millersville 1 KYES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 1700 Baldwin Drive 21108 hospital or attending physician. ached for use as the burial-transit USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2-100 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO it yee, specify Cuben, Mexicen, Puerto Rican, etc.)

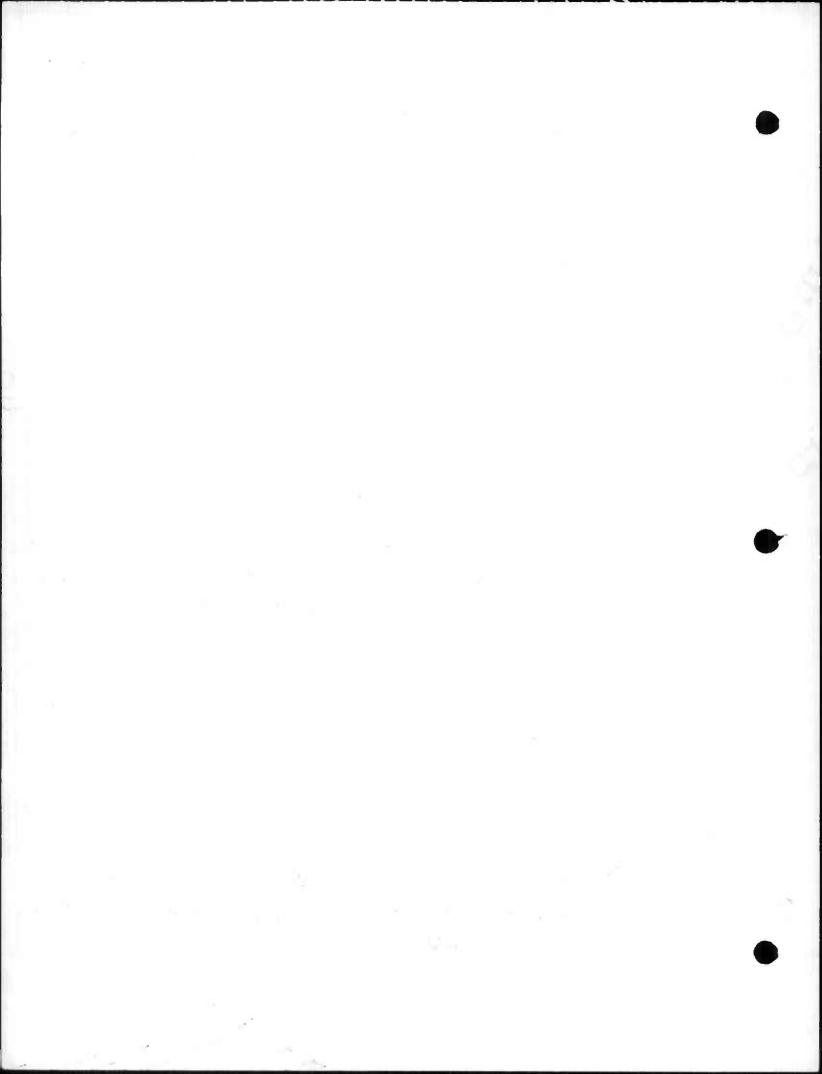
1 YES 2 NO Specify: 1 Never Merried 2 Merried 1 TES 2 NO BY Specify: 3 Widowed 4 Divorced White ED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high E Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Manager detached Food Services Duce. 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Malden Surname) hours after death. Page 6 may be retained by the Antonio Terracciano 8 ă Josephine Varone BE funeral director, page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 John Anthony Desimone 1700 Baldwin Drive, Millersville, MD 21108 20s. METHOD OF DISPOSITION

1 X Burlel 2 Cremetion 3 Removal from State
4 Donation 6 Other Country pe 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must Donation 6 - Other (Specify) __ Lady of the Fields Millersville MD the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A. Ridgely Ave. Annapolis, MD 21401 completely filled in by the rial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one causa on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in desth) WOORS within traumatic event, OUE TO (OR AS A CONSEQUENCE OF burial, executed CERTIFICATION and Sequentially list conditions, TO (OR AS A CONSEQUENCE OF) 01 if sny, lesding to immediate physician the death certificate be prior Vedesto cause. Enter UNDERLYING CAUSE (Disesse or injury y the attending physical displaying the property of Mental Hygiene property. injury, or other DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE ALTOPSY FINDINGS een signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PERFORMED shows any 1 TYES 2 RNO 1 TYES 2 NO has been a Dept. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) item EXAMINER? State certificate NOSPITAL: ATTENDING PHYSICIAN: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) the of 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with is marked, 1 Netural 1 YES 2 NO BY After death 2 Accident investigation 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 8 Could not be è 4 Homicide determined OR 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner ee stated. TO THE HOSPITAL OF THE FUNERAL DE filed within 72 IMPORTANT: II COMP 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. TIPLE OF CERTIFIER 29b. SIGNATE 29d. OATT/ HONED (Moren, Day, Year) 29c. IACENSE NUMBER BE (6) 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED PAUSE OF DEATH (ITEM 27) (Typo, Print) 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE 0 1995 devotion hardell JAN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withings hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF I		MENTAL HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Lest) ROE FORES A	1AN DICK				2. DATE OF DEATH MONTH D	AY Y	S 130 Q M		
8		1 📉 M 2 🗆 F	(In yrs. last birthday) 79 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 29,		BIRTHPLACE (State or Foreign Country) Illinois		
OR	9a. FACILITY NAME (If not institution, give str Good Samaritan				or Location of Di 1timore	EATH	9c. COUNTY			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Ba	ltimore	10c. CITY	, TOWN OR LOCA	TION Baltimor	e		10d. MSIDE CITY LIMITS? 1 YES 2 THO		
FUNERAL	100. STREET AND NUMBER 2929 Manns Avenu	10	H. ZIP CODE		10g. CITIZEN	USA				
B∀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	2 NO	If yes, s		NIC ORIGIN? (Specify Yearin, Puarto Rican, etc.)	or No.— 14	RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of with Do NOT use Forema	rork done during m e retired.)	ON ost of working	BG&E	SINESS/INDUS			
BE COM										
10										
	20a. METHOD OF DISPOSITION 1	vat from State	ob. PLACE AND DATEO Vinelery, crematory or old LECTO CPETT	r disposition (N her place) ACOLY,		0ATE 20c. LO 1/07/95 B				
	21. SIGNATURE OF FUNERAL SERVICE LICE	nsee Dawn F. No Small	McDonald (22. NAME A	no address of fa	ociety of	Maryla	nd, Inc. , MD 21228		
	23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final Approximate Interval Batween Onset and Death									
	disease or condition resulting in death) RESPIRATORY FAILURE									
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): SYEARS DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. CHRONIC OBSTRUCTION PULMONARY DISEASE 1 VES 2010						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: I	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT			V 🗆				
	27. MANNER OF DEATH 1 Natural 5 Pending	tpetlent 3 DOA 26b, TIME	OF 26c. IN	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED					
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	IY — At home, farm, at scify)	treet, factory, offic	ca	28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					
COMPLET	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and dug to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dug to the cause(a) and manner as stated.									
TO BE C	296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) January 07, 1									

ERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SABA.

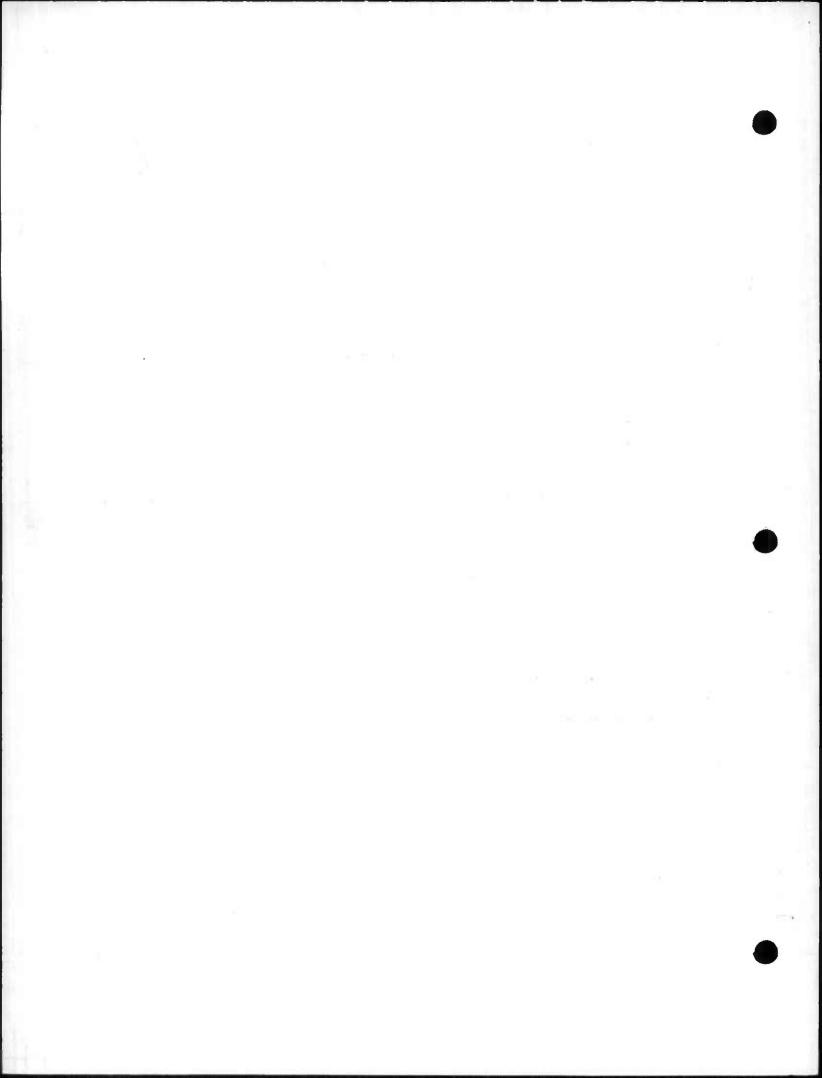
JAN 1 0 1995



SAMARITAN HOSPITAL 5601 LOCH RAVEN BLUD BALTIMORE 2/13

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		IENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Florence S.Dr	ever				1 - 5 - 10	4Y YEA	12 65 Km		
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. Bi	IRTHPLACE (State or Foreign		
	216-32-4916	1□M2∏xF 95	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) Dec. 9-1		Maryland		
OC.	9s. FACILITY NAME (If not institution, give st				or location of dea	TH	9c. COUNTY C	OF OEATH		
DIRECTOR	ALice Manor Nur	sing Home								
35	10a, STATE 10b, COUNTY		ION			10d. INSIDE CITY				
	Md			Balt	Baltimore 1X YES					
FUNERAL	104. STREET AND NUMBER			1,000	ZIP CODE			OF WHAT COUNTRY?		
R	6105 Marlora R				21239		U.S.			
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA		if yes, spe	ecity Cuban, Maxican,	C ORIGIN? (Specify Yes Puerto Rican, etc.)	E	tACE — American Indian, Black, White, etc.		
BY	3 Widowed 4 X Divorced	IF YES, GIVE WAR OR DA	ATES	1 🗌 YES	Specify:			hite		
COMPLETED	15. OECEDENT'S EOUC (Specify only highest grade	CATION completed)	18a. DECEDENT'S U	SUAL OCCUPATIO	ON et of working	16b. KIND OF BUS				
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	St Or Working			17		
MP	6th		Homem	aker			Home			
	17. FATHER'S NAME (First, Middle, Last) Ernest Sack				- 11	E (First, Middle, Malden				
BE	19a. INFORMANT'S NAME (Type/Print)			22222		ry Walsh				
2	Doris Finney					Balto., N				
	20a. METHOD OF DISPOSITION 1 Burlal 2 Coremation 3 Ramo	oval from State	.PLACE AND DATE OF etery, crematory or oth	DISPOSITION (Na	me of	OATE 20c. LO	CATION — City o	r Town, State		
	4 Donation 6 Other (Specify)	Ch	OGD DODIE	0 0 200	atory	E	Beltsv	ille. Md.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Edison M	.Perkin	S Dags al	O AOORESS OF FACI			21222		
	Edward U. Jan		00083	Diau	Tey-Asn Willow	ton Fune Spring R	eral H	ome, Inc.		
	23. PART I. Enter the diseases, or of shock, or heart failure.	complications that caused List only one cause on e	the death. Do no	t enter the mo	de of dying, such	as cardiec or respi	ratory arrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final			1 11	<i>8</i> —	0 0	e	Onset and Death		
	disease or condition resulting in death)	e. Chr	mi (inthu	ille	Polm	Olsia	0484		
-	_	OUE TO (OR AS A	CONSEQUENCE OF)	80.						
CERTIFICATION	Sequentially list conditions,		CONSEQUENCE OF	umn		Husen Monto		2011.10		
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	1° r	item	calon	re mo	unuto.	tra	July 93		
E	thet initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF)							
ER	resulting in deeth) LAST	i								
L C	PART II. Other significant condition	s contributing to deeth b	ut not resulting in	the underlying	ceuse given in P	art I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS		
2	· Dehy a	ration				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC						_ ' ' ' '		OF DEATH?		
ż	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH '	YES NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF OEATH (Chec	k only one)				
YSI	1 TES 2 NO	1 Inpetient 2 I ER/Outp	etlent 3 DOA	□ Nursing Home	e 5 🗆 Residence 8	☐ Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	RK?	28d. OEŞCRIBE HOW IN	NJURY OCCURED)		
B	2 Accident Investigation	26e. PLACE OF INJURY	- At home farm etc		ES 2 NO	284 LOCATION (Street o	and Number or Du	Pouts Mumbas		
ETED	4 Homicide 6 Could not be	building, atc. (Spec	if(y)	eet, ractory, ornica		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
ا ڐ	29a. CERTIFIER (Check only	CIAN: To the best of my know	edge, death occurred	at the time, data	and place, and due to	the cause(s) and man	iner as stated.			
COMPL		R: On the beels of examination						se(s) and manner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUME	BER	29d. DATE SIGN	NEO (Month, Day, Year)		
TO B	Day	an	M.		D314	64	> 1/	5195		
	30. NAME AND ADDRESS OF PERSON WHO		ATH (ITEM 27) (Type, F	Entan	, 82	Smla 3	08	Dalt MD		
	JAN 1 0 1995	32. REGISTRAR'S SIGN	ATURE	0.01000	- r		7			
	2414 T 0 1222	in dawder to	relate					1.00		

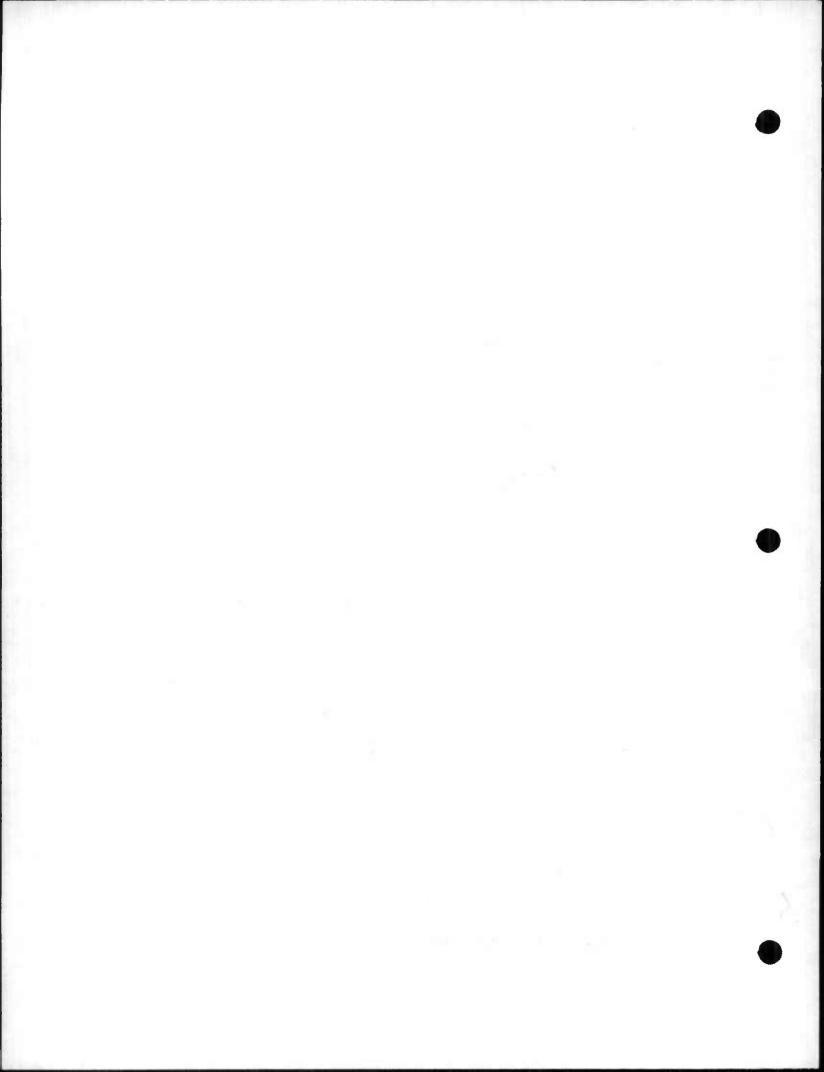


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DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE (F DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) JOHN	F		STBIER		2. DATE OF DEATH		3. TIME OF DEATH 9:45PM M		
	4. SOCIAL SECURITY NUMBER 212-05-3605	1 12 M 2 □ F 96	(In yrs. lest birthday) YRS.	IF UNDER 1 YE	rs HOURS MIN.	7. DATE OF BIRTH SEPT Dey, Hear)	1898 MA	THPLACE (State or Foreign orby) ARYLAND		
TOR	99. FACILITY NAME (If not institution, give street and number) CATON MANOR BALTIMORE 90. COUNTY OF DEATH 90. COUNTY OF DEATH									
DIRECTOR	10a. STATE 10b. COUNTY	ARUNDEL		Y, TOWN OR LO				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 21061 USA									
₩	11. MARITAL STATUS 1 💢 Never Married 2	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If you	DECENDENT OF HISPAN , specify Cuben, Mexica YES 2 NO Specify		Bia	CE — American Indian, ack, White, etc.		
once. COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of the secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT us	work done during	ATION most of working	-Herrita Di recilies	SINESS/INDUSTRY	&Electric Co.		
8	17. FATHER'S NAME (First, Middle, Last) JOHN	DIEN	STBIER		18. MOTHER'S NA EMMA	ME (First, Middle, Maiden		xerective co.		
TO BE	JOHN LANDON		196. MAILING 1508	BABY B	AER COURT	GLEN BURN	IE, MD. 2	21061		
must	20e. METHOD OF DISPOSITION 1 (X Burlet 2 Cremation 3 Remo	rvat from State cen	DELETE CONTRACTOR OF CONTRACTO	RK CEMI	TERY	1/10/95 BAI	CATION — City or T			
examiner	21. SIGNATURE OF FUNDAL SERVICE ISC	allings Jy	*	STA		ERAL HOME Road Pasa		21122		
event, the medical	23. PART I, Enter the disease, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in desth)	omplications that couse on e cause on e	ach lina.	Afih	mode of dying, auc	hea cerdiac or respir	ratory arrest,	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	"act	- Pup	stin		Zuks		
A L	PART II. Other significant conditions	contributing to death b	ut not resulting	in the underl	ying cause given in	PERFOR	MED?	ID. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE		
Σ	DID TOBACCO USE CONTR	IRLITE TO CAUSE O	E DEATH VE	S II NO	UNCERTAIN	t □ Yes z	Nuo I	OF DEATH?		
SIC!	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	OTHER:	ne)					
ВУ РНУ	27. MANNER OF DEATH 1 Historia 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	290. T/M	E OF 36c.	INJURY AY WORK? YES 2 NO	28d. DESCRIBE HOW IN	LIURY OCCURED			
0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, i	street, factory, c	ffice	28f. LOCATION (Street at City or Xwin, State)	nd Number or Rurel	Picute Number		
COMPLET		IAN: To the best of my know t: On the basis of examination						(a) and manner as stated,		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Mm	phy	win	D29	P-69	29d. DATE SIGNE	196 (Mafith, Day, Year)		
	30. NAME, AND ADDRESS OF PERSON WHO CREAT 31. DATE FILED (Month, Day, Year)	· D. WO	brem	Print)	5160.	Bully k	-1 B.	No.		
	JAN 1 0 1995 ju	32, REGISTRAR'S SIGN	LLL							



DHMH-16 Rev 1/89

REG. NO.

1 - FOR STATE REGISTRAR

	3	t. DECEDENT'S NAME (First, Middle, Last) CHARLOTTE E		ITE E.	EAVES			DAY YE		
	- 3	4. SOCIAL SECURITY NUMBER		(In yrs, last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7 95	12:35 P M BIRTHPLACE (State or Foreign	
	1 3	212-22-5497	1 □ M 2 💢 F 6		MONTHS DAYS		(Month, Day, Year)		Country)	
pinous		9e. FACILITY NAME (If not institution, give st		1	9b. CITY, TOWN	N OR LOCATION OF D	Jan. 31, 1	9c, COUNTY	Maryland OF DEATH	
. 2, 3 sl	DIRECTOR	Harbor Hospita	1 Center		Balt	o.City.	Md			
ges 1	EC.	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY	
permit. Pages	ă	Maryland Ann	e Arundel	Co. B	rookly	n Park,	Md.		1 YES 27 NO	
	1AL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
an. ransit	FUNERAL		W. 11th.			21225		Unite	ed States	
020 physician. burial-transit	FU	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2- NO	13. WAS D	ECENDENT OF HISPAI specify Cuban, Maxico	NIC ORIGIN? (Specify Y	es or No— 14.	RACE — American Indian, Black, White, atc.	
1 P P P	ВУ	3 Widowed 4 Differend	IF YES, GIVE WAR OR	DATES'\	1 🗆 YI	ES 2 NO Specif	y:	- 11.3	Specify: White	
	GE	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	18a. DECEDENT'S	work done during i	TION most of working	16b. KIND OF B	USINESS/INDUST	RY	
	COMPLET	Elementery/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	•				
AND the hospi detached	MP	12th.Grade 17. FATHER'S NAME (First, Middle, Last)		Medi	cal Re	cords			oital Center	
MARYLAND 21 retained by the hospital or 5 should be detached for u notified at once.			EArl P.	.Collis	on	Lola	ME (First, Middle, Maide	,		
MAR retained b 5 should notified	BE	19a. INFORMANT'S NAME (Type/Print)	2772 1 1				B . Route Number, City or To	Lownan		
M. e reta e 5 st noti	유	Mr.Charles R	. Eaves				•		id. 21225	
6 may be ctor, page		20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remo	20	b. PLACE AND DATE	OF DISPOSITION			OCATION — City		
'IMOR Page 6 ma il director, p		4 Donation 5 D Other (Specify)		metery, crematory or o		et.Cemt	1/10/95	Crown	sville.Md.	
BALTIMORE, her death. Page 6 may be the funeral director, page wal.		21. SIGNATURE OF FUNERAL SERVICE CO	HSEN		22. NAME	AND ADDRESS OF FA	Out there	o.Md.		
BALT after death. I by the funeral moval.		Valeria J. O.	Linul		McC	ully Fu	neral Ho	me. 237	Patansco A	
hin 24 hours tely filled in t mation, or rei		23. PART I. Enter the diseases, or o shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	SEPTI(and the death. Do reach line.		node of dying, suc	h as cardlec or res	piretory arrest,	Approximate Interval Between Onest and Death	
N 2 5 - 6	z		GRAM NEGAT.	IVE SEPTI	LEMIA i	PEBRILE	NENTROPI	WIL	į	
	CERTIFICATION	Sequentially list conditions, If any, leading to immediate								
m # 5 " =	2	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated was a Consequence of):								
O E E E E	Ĕ	that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF	F):					
	B									
OR that the by the and line	MEDICAL	PART II. Other significant condition	contributing to death I	but not resulting	In the underly	ing ceuse given in	Part I. 24a. WAS A PERFO	ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
		DID TOBACCO USE CONTR	RIBUTE TO CAUSE (OF DEATH YE	S NO	UNCERTAI			1 YES 2 TNO	
OF VITAL I PHYSICIAN: The law this certificate has b with the State Dept. ted, or Item 23:	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEAT			, , ,			
VITAN: 1	SIC	1 VES 2 NO	HOSPITAL:	patient 3 DOA	OTHER: 4 Nursing Ho	ome 5 🗆 Residence	8 Other (Specify)			
SION OF VITA ENDING PHYSICIAN: The DR. After this certificate h mer death with the State E B marked, or Item	PH	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		NJURY AT YORK?	28d. DESCRIBE HOW	INJURY OCCURE	ED .	
ON DING PING PING PING PING PING PING PING P	B	Natural 5 Pending 2 Accident Investigation				YES 2 NO				
B 11 40	ETED	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, etc. (Spe	Y — At home, term, a crify)	street, tactory, of	lice	281. LOCATION (Street City or Town, State	l and Number or Ri »)	ural Route Number,	
	PLE		CIAN: To the best of my know	wledge, death occurre	ed at the time, da	te end pleca, and due	to the cause(a) and m	anner as stated.		
1	COMPL	one) 2 MEDICAL EXAMINE	f: On the beals of examination	on and/or investigation	on, in my opinion,	, death occured at the	time, data and place, o	and due to the cer	use(a) and menner as eteted.	
THE ESPITAL THE FUNDER BIRD 72 BIRD WITH 72 PORTANT 11	BE (29b. SIGNATURE AND TITLE OF CERTIFIER	isman	2 1705 8 15771	18 WASESTA	29c. LICENSE NUI	ABER	29d. DATE SIC	GNED (Month, Day, Year)	
TO THE WE SHEET	10	30. NAME AND ADDRESS OF PERSON WHO	MO			10-2441	14-29	011	10+ 195	
D	1	RAMILITA A.	A VATT MA 1	CAIN (IIEM 27) (Type,	DVI-72 ST	BALTIN	non mi	2122	1	
		29b. SIGNATURE AND TITLE OF CERTIFIER PANUA LIVEN 30. NAME AND ADDRESS OF PERSON WHO RENUTA A C 31. DATE FILED (Month, Day, Yoge) INN 10015	32 REGISTRAR'S TO	NATURE,	7)	/			
		I IAN I A TUUL 🥠	THE ATRUBUACINA	Mall						

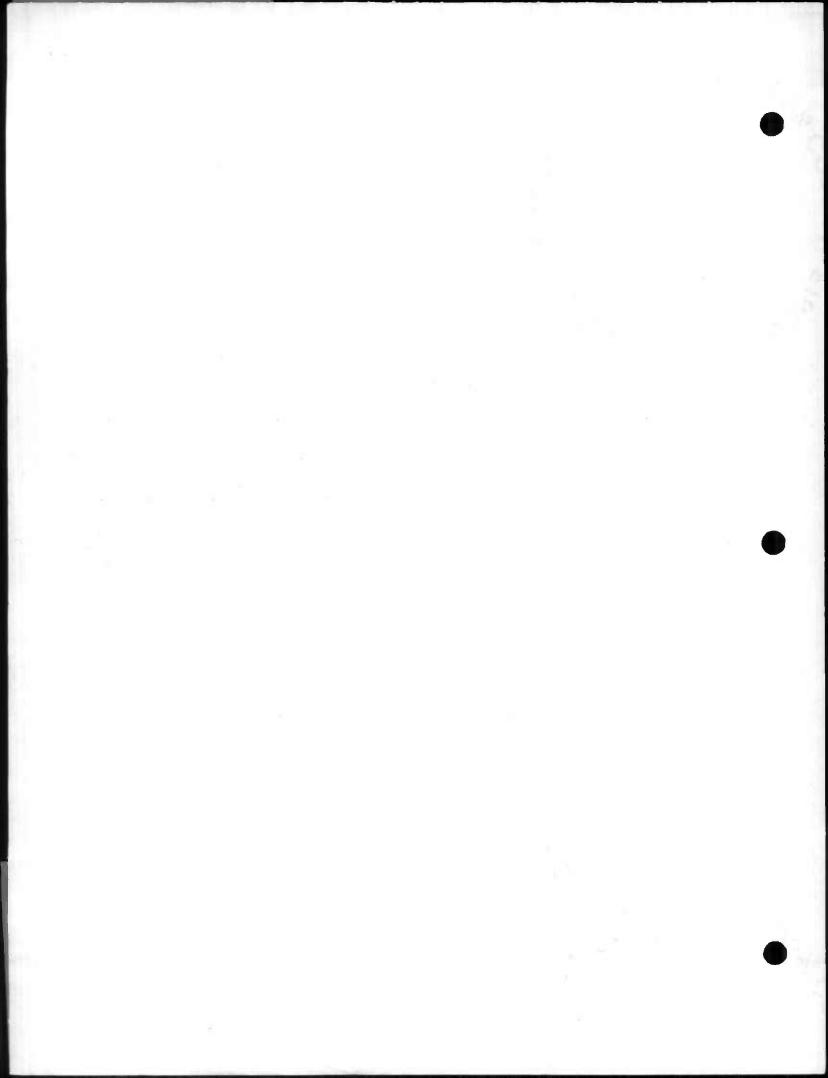
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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AND PROJECT The law requires that the death ceruficate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	centificant has been signed by the attending	down with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	i marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
100	feath	間の	Hell.
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SPITAL	EBAL	72 11	5
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	9	J	U	U	3	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME			MENTAL	HYGIEN REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Lest)	MARGARET VIE				2. DATE (OF OEATH			9:00	тн Ам
	220-14-2765	5. SEX 6. AGE (In yrs. le	YRS. IF UN	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE C	F BIRTH	8. E		land	
OR	99. FACILITY NAME (II not institution, give street Bay Meadows Nurs	sing Home			urn ie			Anne	OF DEAT	nde l	
DIRECTOR	Maryland NA			10c. CITY, TOWN OR LOCATION Baltimore City (Brook)						d. INSIDE CITY LIMITS?	
FUNERAL	100. STREET AND NUMBER 904 Jack Stree		10f. ZIP CODE 21225						T COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XX Divorced	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 1 YES 2 1 IF YES, GIVE WAR OR DATES	RMED (NO		INDENT OF HISPAN city Cuban, Mexica 2) NO Specify	in, Puerto Ri			Black, W Specify:	American Indi hite, etc.	en,
COMPLETED	15. DECEOENT'S EDUCA (Specify only highest grade on Elementary/Secondary (0-12) UNKNOWN	mpleted) (1 College (1-4 or 5 +)	DECEDENT'S USUAL Give kind of work do to NOT use retire achine of	ne during mos d.)	t of working			e Indus	RY		
BE CON	17. FATHER'S NAME (First, Middle, Last)	George W. Phi	illips		18. MOTHER'S NA		iddie, Meiden Etta		rm an		-
TO B	Mrs. Connie Gree	ne	96. MAILING ADDR 7733 To	ess (Street en	ph Rd.,	Route Number	76, S	m, State, Zip Cod evern,	Md.	21144	
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 [X Cremetion 3 □ Ramove 4 □ Dunation 5 □ Other (Specify)	al from State 20b. PLACE	AND DATE OF DISP rematory or other pla	POSITION (Name of)	ne of	5/95		on svi 1			ind
	21. SIGNATURE OF FUNERAL SERVICE LICEN		ker	MCCu 1 1	y Funera Pataps	ај Но	me of	Brook			
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST Due to (or as a consequence of): OUE to (or as a consequence of):										
MEDICAL	PART II. Other significent conditions PNEUMONIA ASQVD				_	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		CO OF	RE AUTOPSY F ARLABLE PRIOR MMPLETION OF (DEATH? YES 2	TO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ONTRIBUTE TO CAU	QT/H	26. PL/	ACE OF DEATH (Ch	eck only one					
	1 YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending	□ Inpatient 2 □ ER/Outpatient 28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOF	NY?			NJURY OCCURE	0		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At h building, atc. (Specify)	nome, farm, street,	M 1 YES 2 NO			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
BE-COMPLETED		N: To the best of my knowledge, d							use(e) en	d manner ea s	stated.
P.BEC	296. SIGNATURE AND TUNIOR SIGNATURE	MD		29c. LICENSE NUM					-	onth, Day, Year)	_
F	Dr. Allen Het	30. NAME AND ADORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Dr. Allen Hettleman, M.D. 1777 Reisterstown, Rd., Baltimore, Md. 21208									
6	JAN 1 0 1995 Julia										



TO THE HOS TO THE FLINE De filed with

Item # 1 19a film # 9 719 1-10-95 N.A. Per funeral home

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT (

	MARYLAND A		MENT OF	HEALTH	AND	MENTAL	HYGIE	NE
	C	ERTIFIC	ATE O	F DEAT	THI.		DEC NO	`

	_	HEGISTHAR		CE	ENTIFI	CALE	UEP	ПП	REG. NO).		
		1. DECEDENT'S NAME (First, Middle, Lost)	line	Joh	n G	eorge	Erlir	ne e	2. DATE OF DEATH	<u>~</u>	YEAR 3	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 216-07-4736	5. SEX 6. AG	E (In yrs. las	t birthday)YRS.	IF UNDER 1 YEAR MONTHS DAYS	-	ER 24 HRS. MIN.	7. DATE OF BIRTH (Month), Day, Year) 03-21-19]	5	Country)	ACE (State or Foreign
	1	Se. FACILITY NAME (If not institution, give st	.,,						NTY OF DEA	LAND		
action		JOSEPH RITCHIE	HOUSE			E	ALT:	IMORE	<u> </u>	N/A		
j j	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10	0d. INSIDE CITY LIMITS?		
	- 4		DEL	GLEN BURNIE					,		YES 2 NO	
CHACOAL		100. STREET AND NUMBER 7885 GORDON CO	יים וו				or. ZIP CO	DE 21060		10g. CITIZEN OF WHAT CO		
		11. MARITAL STATUS	MED	13. WAS DECENOENT OF HISPANIC ORIGIN?				a or No-	U.S	- A -		
2	5	1 Never Merried 2 Married 3 X Widowed 4 Divorced	FORCES? 1 XE IF YES, GIVE WAR OR WW II		10	If yes, specify Cuben, Maxican, Puarto Rican, et 1 YES 2 NO Specify:					Specify	WHITE
E	3	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G)	ive kind of w	JSUAL OCCUPA	TION nost of work	una	16b. KIND OF BU	SINESS/INC	DUSTRY	
Once.	4	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life.	Do NOT use	retired.)			SOCIA	I. SE	CHRT	rv
at once.		17. FATHER'S NAME (First, Middle, Last)	N/A				16. MO	THER'S NAM	IE (First, Middle, Malder			
F6 11		GEORGE	ERLINE			_		ORA			AUSES	3
		190. INFORMANT'S NAME (Type/Print) Dor	othy E. Bricke	rd 198					COURT, GL			21061 E. M.D.
Must be		20a. METHOD OF DISPOSITION 1 Surfal 2 Cremation 3 Remo	oval from State	Ob. PLACE	AND DATEO	F DISPOSITION (Vania of	7	/1 0A/10 F 20c. LO			
Ē		4 🖺 Donation 5 🗆 Other (Specify)	G	LEN	"HAV	EN ME		AL P	ARK G	LEN	BURN:	IE, MD.
examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	1 S GLE	AND ADDR ECON N BU	ESS OF FAC D AV JRNIE	ENUE, S MARYL	TON	FUNE 21061	ERAL HOME			
The dicar		23. PART I. Enter the diseases, or o	omplications that caus	ed the de	eth. Do no						reat,	Approximata
E		shock, or heart fellure. I	O	each lina	•							Onset and Daath
E	ļ	disease or condition resulting in deeth)	DUE TO (OF AS	incur	fory	Ar	res	+				min
N C		Sequentially list conditions,	Luna	n	hed	ast	sis					months
ATIC		If any, leeding to immediate cause. Enter UNDERLYING										
		CAUSE (Disease or injury that initiated events	DUE TO (OR AS		DUENCE OF	1651	2/7				-	rengas
CERTIFICATION		resulting in death) LAST	. Rect	-al		Mrc	ه دم ز	ma				2 years
		PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY FINDINGS										
FDICAL		Anenia Smokina Performed? ANAILAI COMPLI								MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?		
5 S						V					1	☐ YES 2 NO
NA		DID TOBACCO USE CONTR	RIBUTE TO CAUSE					CERTAIN				
Sic		25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO NO NO NO NO NO										
PHYSICIAN:		27. MANNER OF DEATH	28a, DATE OF INJURY (Month, Day, Year)		26b. TIME	OF 28c. II	JURY AT		26d. DESCRIBE HOW	NJURY OC	CURED	
À		1 Natural 5 Pending 2 Accident Investigation	NA				YES 2			14		
E G		3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sc	ecify)	me, farm, st	reet, factory, of	ce		281. LOCATION (Street City or Town, State		or Rural Roul	te Number,
COMPLET		290. CERTIFIER POSCOTIEVING DUVEICIAN TO THE DATE OF THE PROPERTY OF THE PROPE										
OM			R: On the basis of examinat									nd manner as stated.
ЕШ		BIS GNATURE AND TITLE OF CERTIFIER	Α.				29c. LIC	ENSE NUME	BER	29d. DAT	E SIGNED (M	lonth, Day, Year)
	- 11	Potest - Dell	me fr	mo			03	アユフ	47	> /	18/9:	5
1		ROBECT C	D	DEATH (ITEM	1 27) (Type, 1	Print)	Tose	oh R	ichie Hos	pice	// ***	
	-	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		771		000	N. E	ntaw St.	An	10 m	0 -1701
		JAN 1 0 1995	Jahr Study	or Ran	44							
			V		4.4							DHMH-16 Rev 1/89
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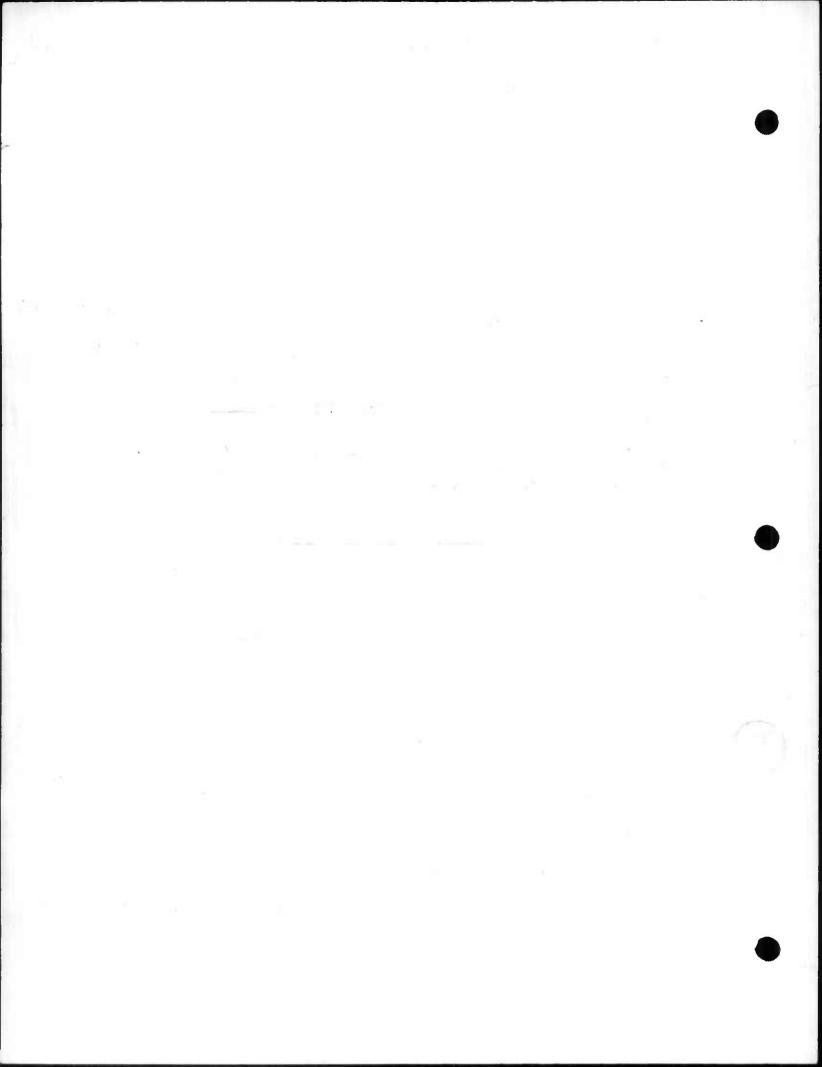
		1 - STATE REGISTRAR	STATE OF N	MARYL					DEA1			G. NO.			
	ı	1. DECEDENT'S NAME (First, Middle, Last)	- Edw	ard	LS	Dor	is L	ee E	dwar	ds	2. DATE OF DI	EATH DAY	- 1	YEAS QQ	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 212-20-5889	5. SEX		(In yrs. last b		IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF BI (Month, Day,	Year)			PLACE (State or Foreign
pinous		98. FACILITY NAME (If not institution, give st	1 M 2 X F	/	6	YRS.	ob CITY	TOWAL C	D I COAT		March0:	- T			yland
(2)	R	St. Agnes Hospita		96. COUNTY OF DEATH Baltimore 9c. COUNTY OF DEATH 9c. TOWN OF DEATH 9c. TOWN OF DEATH									ATH		
5,	CT	RESIDENCE OF DECEDENT													
Pages	DIRECTOR	Maryland 106. COUNTY				10c. CIT	Y, TOWN	OR LOCAT							10d. INSIDE CITY LIMITS?
permit.		10e. STREET AND NUMBER						101	ZIP CODI	timo E	re		10a. CITI		1 XXES 2 NO
135	ER/	5929 Prince Georg	e Street						2	1207	7			USA	
215-0020 attending physician. se as the burial-transit	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 X NO	D		If yes, spe	ENDENT O	n, Maxica	IIC ORIGIN? (Spen, Puarto Rican,	ocify Yes or atc.)			— American Indian, White, etc.
15-0 ending as the		3 Widowed 4 Divorced	2471011							32.00					White
21 21 21 21	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) (() College (1-4 or 5 +)			DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) USEWIFE									
AND the hospital detached it	OM	17. FATHER'S NAME (First, Middle, Last)								HER'S NA	Own .		(778me)		
YL,	BE C	Charles Lee	Younker								Ethel A			1cCom	าลร
; MARYLAND be retained by the hospit ge 5 should be detached e notified at once.	TO B	190. INFORMANT'S NAME (Type/Print) Deborah L. Senkel								or Rural F	Balti	y or Town,	State, Zip	Code)	
may be or, page		20a, METHOD OF DISPOSITION 1 Burlal 2 Coremation 3 Remo	oval from Stata	206	D. PLACE AND	DATE	DE DISPOS	ITION /Na	me of		DATE			City or Tow	
MOR age 6 ma director, p		4 Donation 5 Other (Specify)		_ Me	netery crema	ren						Balt	imo	re, N	1D
BALTIMORE, after death. Page 6 may be y the funeral director, page noval. cal examiner must be		21. SIGNATURE OF FUNERAL SERVICE LICENSEE DAWN F. McDonald Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228												nc. 21228	
hours after d in by the or removal		23. PART i. Entar the diseases, or c shock, or heart failure.	omplications that	t cause	d the death	n, Do n	ot antar	tha mod	da of dyl	ng, suci	h as cerdisc o	r reapira	tory arr	est,	Approximate
		IMMEDIATE CAUSE (Finel disease or condition	111	//	,		,		/	/					Intarval Between Onaet and Daath
760, ed within 24 ompletely fille il, cremation, event, the		resulting in death)	a. HILLI	OR AS A	A CONSEQUE	AL PROPERTY	HIM	16	45)	res	55 54	nul	ons	e	3days
68 xecute and companies buria	NO												3 days		
O. BOX ertificate be e ing physician rgiene prior to other traum	FICATI	If any, leading to immadista cause. Enter UNDERLYING CAUSE (Disease or Injury	hera	eration premmonia									3choys		
Hygie d	CERTIFICATION	that initiated events resulting in death) LAST DUE TO (OF AS A CONSEQUENCE OF): a. Mejor interprine destruction due to consumption to the consumption of the consum											, 16 days		
RDS, lat the de- by the at and Ment y Injury	CAL	PART II. Other aignificant conditions	contributing to	daath b	out not raa	ulting i	n tha ur	dariying	causa g	ivan in	Part i. 24a.	WAS AN AU			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
RECORDS, F w requires that the death is been signed by the atten pt. of Health and Mental 3 shows any Injury, or	MEDIC											YES 2			COMPLETION OF CAUSE OF DEATH?
AL RIE e law ree has been Dept. of		DID TOBACCO USE CONTR	IBUTE TO CA	USE O	OF DEATH	YE	S 🔲 I	10 D	UNC	ERTAIN	10				T TES 2 NO
ATAL NY: The law ficate has State Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ICAL 26. PLACE OF DEATH (Check only one)												
F VI SICIAN: certifica the St	IYSI	1 ☐ YES 2 ☑ NO 27. MANNER OF DEATH	1 npstlant 2			_		Nursing Home 5 - Residence 8 - Other (Specify)							
VISION OF VITA ATTENDING PHYSICIAN: The ECTOR: After this certificate his s after death with the State D 28 Is marked, or Item	ву РНУ	1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De	ay, Year)			M		RK7 ES 2	NO	28d. DESCRIBE HOW INJURY OCCURED				
DIVISION OR ATTENDI OR ATTENDI DIRECTOR: A hours after ditem 28 Is	8	3 Suicide a Could not be determined	26a, PLACE OF building,	F INJURY atc. (Spec	f — At home, cify)	larm, a	treet, fact	ory, offica			28f. LOCATION City or Town		Number	or Rural Ro	ute Number,
로 그 이 는	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER													and menner as stated.
TO THE HOSPIT TO THE FUNERA DE filed within 7	BE (296. SIGNATURE AND TITLE OF CERTIFIER			/	n	, /		29c, LICE	NSE NUM	BER	2	9d. DATE	SIGNED (Month, Day, Year)
222	6	- NAME AND ADDRESS OF PERSON WHO	COMPLETED CAN	71/4	0/ /	261	10/20	11		2	156		1	anuc	M 8, 1995
		31. DATE-FILED (Month, Day, 1987)	V 9017	Ch	TON	(ypa,	rina) WE,	BY	271	mo	RE, I	20	. 7	122	9
		JAN 1 0 1995	S2 REGISTRAL	HIS SIGN	Nardal	(

DHMH-18 Rev 1/89



ITEMS: 23 part i,27 per MEO 1/27/95 G-719 reb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JAN JORDAN BRIAN **EDWARDS** 04 6:00 PW 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIHTH
(Month, Day, Year)
Feb. 12, 1967 DAYS HOURS 214-04-8360 1 M 2 F 27 YRS. MT Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MONTGOMERY GENERAL HOSPITAL RESIDENCE OF DECEDENT OLNEY MONTGOMERY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Germantown 1 YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 19426 Breezedale Lane use as the burial-transit 20876 USA retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, stc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. **BALTIMORE, MARYLAND 21215-0020** 1 X Never Married 2 Married TES 2 NO Specify: BY 3 Widowed 4 Divorced White ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Spe be detached for Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Hardwood Floor Sander Construction 8 once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Grady Edwards Ħ Carla Jacqueline Boone BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) TN 37650 2 Grady Edwards pe 9 20a. METHOD OF DISPOSITION
ty□ Buriel 2 □ Cremation 3 □ Removal from State Раде 6 тау 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 29c. LOCATION - City or Town, State must Donation 5 ☐ Other (Specify) Evergreen Cemetery 1/8 Erwin. TN examiner 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY death. Sterling Ashton Funeral Home 1100011 736 Edmondson Avenue, Balto, Md. n and completely filled in by the to burial, cremation, or removal. hours after medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition_ INDUCED UEDATITIC LIVER FAILURE resulting in death) event. RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate the attending physician i Mental Hygiene prior tr the death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and a AVAILABLE PRIOR TO COMPLETION OF CAUSE inquires that any of Health a YES 2 | NO OF DEATH? SWOUL 1 TYES 2 TNO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO ☐ UNCERTAIN ☐ PHYSICIAN: 帮 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | XER/Outpetient 3 | DOA OTHER: 1 X YES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Watural 5 Pending Investigation M 1 YES 2 NO BY Affin 2 Accident 28e. PLACE OF INJURY — At home, farm, street, tactory, office building, atc. (Specify) OR ATTENDOR Sulcide ,10 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be DIRECTOR. 22 4 Homicide determined them 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated. HOSPITAL FUNERAL I WITHIN 72 h 2 TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT. II MEDICAL EXAMINER: On the ination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. E AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE N O.C.M.E. JAN 5,1995 2 RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201



3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

Maryland

1:30pm

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

Sept 16,1909

5,

1995

9c. COUNTY OF DEATH

Jan

STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

214-03-2497

1. DECEDENT'S NAME (First, Middle, Last)

Katherine

9a. FACILITY NAME (If not institution, give street and number)

RECORDS, P.O	
REC	
VITAL	-
OF	
dist	
ă	,

Pages 1, 2, 3 should RECTOR Edenwald Towson Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Ճ Towson permit. 1 YES 2 NO FUNERAL 10e STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 800 Southerly Road 21204 USA Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 X NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried BY Specify: 3 Widowed 4 Divorced the funeral director, page 5 should be detached for use as the White 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Ħ Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL 12 Bookkeeper Metal Fabrication notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname Frederick Н. Frohnhauser Mathilda Braun 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code; 2 Carl F.C. Schleunes, 1005 Saxon Hill Drive, Cockeysville, MD pe 20a METHOD OF DISPOSITION
1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Sieta OAJE must Cometery, cremetory or other place)
Loudon Park Cemetery 4 Donation 5 Other (Specify) Baltimore, Maryland Jan 21. SIGNATURE OF UNITRAL SERVICE/LICENS medicai examiner 22. NAME AND AGORESS OF FACILITY Lemmon Funeral Home 10 W. Padonia Road, Timonium, MD 21093 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert failure. List only one cause on each line. and completely filled in by burial, cremation, or remo Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition___ 2 weeks reaulting in death) other traumatic event, OUE TO (OR AS A CONSEQUENCE OF): pertensive ATHEROSCIEROTIC Cardia Vascular Disease CERTIFICATION Sequentially list conditions, prior to if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL OPD апу 1 TYES 2 X NO shows : OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES YOU UNCERTAIN PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate to with the State OTHER:
4 \(\times \) Nursing Home 5 \(\times \) Rasidence 8 \(\times \) Other (Specify) HOSPITAL: 1 - YES 2 X NO ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 9 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 X Natural 5 Pending M 1 YES 2 NO death BY Investigation 2 Accident 28e. PLACE OF INJURY — Al home, larm, atreet, lactory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 28 4 Homicide TO THE HOSPITAL OF TO THE FUNERAL DIPERSOR DE filed within 72 hours a IMPORTANT: If Item 2 29s. CERTIFIER 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER ation and/or investigation, in my opinion, death occured at the lime, data and placa, and due to the cause(a) and manner as stated. 296 SIGNATURE AND TITLE OF CENTIFIC 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE January 6, 1995 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) John/D. Milto 7600 Osler Dr., suite 213, Towson, Maryland JAN 1 0 1995 32 REGISTRAR'S CONSTURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DAYS

HOURE

9b. CITY, TOWN OR LOCATION OF GEATH

Frohnhauser

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

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5. SEX

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE FUNE TO THE

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH	3. TIME OF DEATH					
	ALICE	FULLER				MONTH	1/7	7 95 3:4					
	4. SOCIAL SECURITY NUMBER		_	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	8.8	IRTHPLACE (State or Foreign				
		1 M 2 🔀 F 82	YRS.	IONTHS DAYS	HOURS MIN.	2-2	7-12		aryland				
æ	9s. FACILITY NAME (If not institution, give stre	at and number)			OR LOCATION OF D			9c. COUNTY	OF DEATN				
DIRECTOR	Sinai Hospital Baltimore City												
REC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION												
	Maryland Balt	imore	Bro	oklandv	ille				1 YES 2 NO				
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?				
NEF	515 Brightfield				21093				S.A.				
FU	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 🔀 NO	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN	? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, atc.				
ВУ	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DA	TES	1 TYES	2 NO Specif	y:		W	Specify:				
	15. DECEDENT'S EDUCA (Specify only highest grade or	TION	18a. DECEDENT'S U	SUAL OCCUPATION	DN	16b.	KIND OF BUS	INESS/INDUST					
Ħ	Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of wo	rk done during mo retired.)	st of working								
MPL	12 yrs		Home M	aker		0	wn Hom	ie					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, M	fiddle, Maiden	Sumame)					
BE		oblitz			Anna N	lae	Unk	nown	G. CITIZEN OF WHAT COUNTRY? U.S.A. IO 14. RACE — American Indian, Black, White, atc. Specify: White SS/INDUSTRY Black, White, atc. Specify: White SS/INDUSTRY Brit. Jip Code) F1. 32935 ON — City or Town, State SON, Md. Inc. 21204 Ty arreat, Approximata Interval Between Onset and Death DESY 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO				
0	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural								
	Ronald L. Fuller					re Me.							
	20s. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Remove	al from State 20b.	PLACE AND DATE OF thery cremetory or other Iltop Se	DISPOSITION (Ne or place)	me of	DATE							
	4 Donation 5 Other (Specify) 31. SIGNATURE OF FUNGINAL SERVICE LICEY	HI	Iltop Se	_		1/9/9	95 To	owson, Md.					
	22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc.												
_	carl d.	/ands		1050	York Rd.	Tows	son, M	d. 2120	04				
	IMMEDIATE CAUSE (Final												
	disease or condition resulting in death) a. DIABETIC KETO ACIDOSIS DUE TO (OR AS A CONSEQUENCE OF):												
_	and the state of t												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate b. MYOCARDIAL INFARCTION DOE TO (OR AS A CONSEQUENCE OF):												
S	cause. Enter UNDERLYING CAUSE (Disease or injury												
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):										
E	resulting in death) LAST												
	PART ii. Other algnificant conditions	contributing to death bu	t not resulting in	the underlying	cause givan in	Part i.	24a, WAS AN	ALITOPSY	245 WERE ALTTORSY EMPLINGS				
MEDICAL					PERFOR	MED	AVAILABLE PRIOR TO						
						-	1 TES 2	₩ NO	OF DEATH?				
2	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YES	Пиог	LINCERTAI	νП			1 □ AES 5 IN NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	/ 2	6. PLACE OF DEATN		OTTELKIAN	1 1							
SIC		Inpetient 2 ER/Outpe		THER: Nursing Home	e 5 ☐ Residence	6 Other	(Specify)						
Ŧ	27. MANYER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME (URY AT RK?	28d. DEŞ	CRIBE HOW IN	JURY OCCURE	D				
BY	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆 Y									
	3 Suilcide 6 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office 28. LOCATION (Street and Number or Rural F								iral Route Number,				
	/	4											
COMPLETED		AN. To the best of my knowle											
Ö	2 MEDICAL EXAMINEST:	On the basis of examination	end/or investigation,	in my opinion, de	eath occured at the	time, date	end place, end	due to the cau	se(s) and manner se stated.				
BE C	396. SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NUI	MBER		29d. DATE SIG	NED (Month, Day, Year)				
10		VEDICAL POE	MOENT		977	70		> 1/	7/95				
-	38. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT		-			12						
	XEFFREY BASA,	MD SIN	Al Hos	PITAL	OF PA	TIM	MAE	>	1715				
1	JAN 1 00 1995 A	32 DESTUAR PER	Zall,										

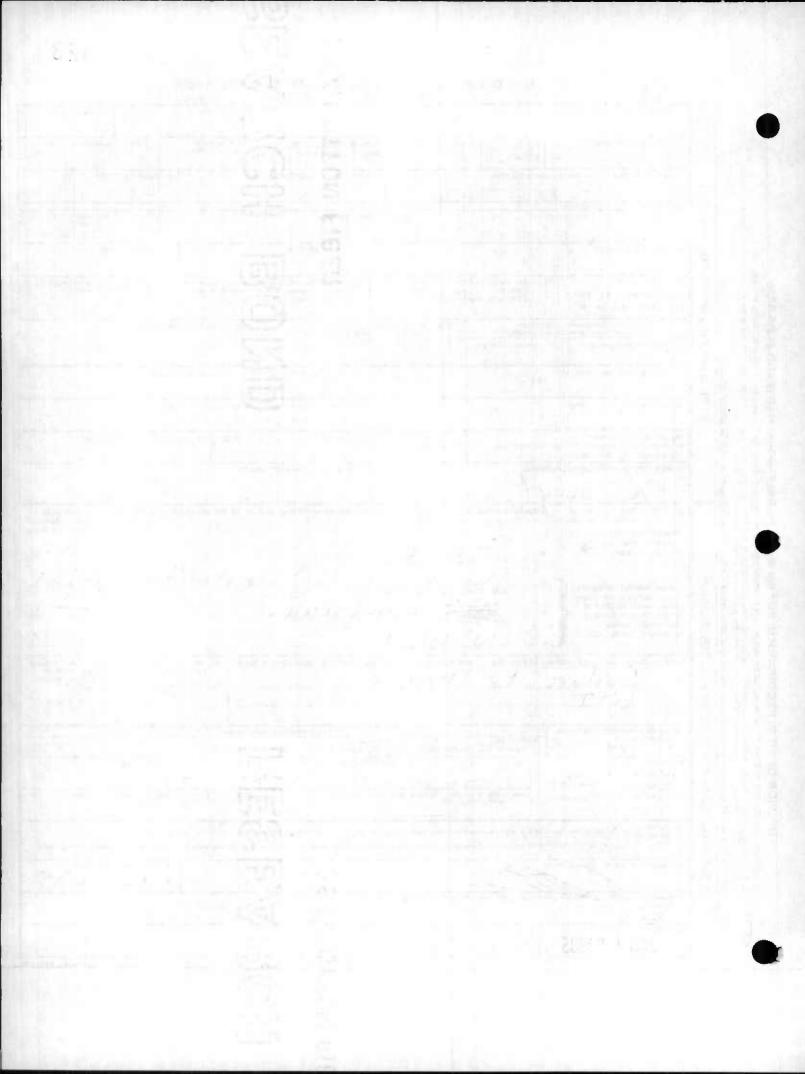
BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIF	ICATE C	F DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH						
	MELVA FLYNN				1- 07-	95 11:30 p M						
FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 214-38-4795	5. SEX 1 M 2 F	6. AGE (In yrs. lest birthday) YRS.	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) 9-18-04	8, E	BIRTHPLACE (State or Foreign Country) Maryland				
	9a. FACILITY NAME (If not institution, give st	eet end number)		9b. CITY, TOV	N OR LOCATION OF	EATH	9c. COUNTY					
	RIVERVIEW NURSIN	G CENTRE	,INC.		Essex	Ba1	timore					
E	10a. STATE 10b. COUNTY				f, TOWN OR LOCATION 10d.							
ੵ		1timore		M	idd1e Ri	ver	1 TES 2 NO					
ERA	10e. STREET AND NUMBER 4322 Keeners	Road			101. ZIP CODE 2122	0	10g. CITIZEN	OF WHAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE W		If yes	DECENDENT OF HISPA , specify Cuben, Mexic YES 24 NO Spec	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) ffy:	s or No- 14. RACE — American Indian, Black, White, etc. Specify: White					
요	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16e. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BUS	SINESS/INDUST					
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT L	work done during ise retired.)	most or working							
MP	7th		Home	maker								
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Melden	Surname)					
BE	Ernest Barne	S				va Joynei						
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Town						
	John Flynn		241	1 E11	is Road	Valtimore	≥ MAry	land 21234				
	26g, METHOD OF DISPOSITION 1 12 Burlet 2 Cremation 3 Remo	val from State	cemetery cremetory or	PRISPOSITION (Name of her place) DATE 20c. LOCATION — City or Town, State Part 1 / 11 / 05 Part 1 / 1 + i more Md								
	21. SIGNATURE OF FUNERAL SERVICE LICENSIII 22. NAME AND ADDRESS OF FACILITY											
	· R. Terry	1 Con	nelly	300	Mace Av	neral Hore. BAltin	more N					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Fine)											
	disease or condition resulting in death)	>6	41295					w 3.day				
_		DOE 10 (OR AS A CONSEQUENCE		0 4109	bitime	Seld	w \ , , , .				
TIO	Sequentielly list conditions, if eny, leeding to immediate	DUE TO (OR AS A CONSEQUENCE	my May								
5	CAUSE (Disease or Injury	DUE 10 (OR AS A CONSEQUENCE O	Mal	Nay							
CERTIFICATION	that initiated events resulting in death) LAST	N	WART	1								
	PART II. Other significant conditions	contributing to	seath but not resulting	In the under	vina ceuse aiven is	Part I. 24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS				
EDICAL	Fallure	10	Thrive	^		PERFOR	PERFORMED?					
	TELL						Xuo	OF DEATH?				
PHYSICIAN: M												
<u>5</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	OTMER:	PLACE OF DEATH (C							
<u>₹</u>	1 YES 2 NO											
	Netural 5 Pending	26e, OATE OF I (Month, Day	NJURY y, Ybar) 28b. Till IN	JURY	INJURY AT WORK?	28d. OESCRIBE HOW II	28d. DESCRIBE HOW INJURY OCCURED					
IED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF building, a	INJURY — At home, term, tc. (Specify)	street, factory,	et, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.											
	2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
O BE	D41901 1-9-											
٥	DR. ZIAD	COMPLETED CAUSE MIRZA 3	OO7 E. NORT	(Type, Print) RTHERN PARKWAY BALTIMORE, MD. 21214								
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAF	'S SIGNATURE									
	JAN 1 0 1995	folia diam	ion Pariali									

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing the norm ster death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1, DECEDENT'S NAME (First, Middle, Last) 2, DATE OF DEATN 3, TIME (3, TIME OF DEATN				
- }	IT 1 IZ IZ IZ MONTH DAY YEAR 1.											1:30 p		
	4. SOCIAL SECURITY NUMB	ast birthday)	IE (MIDE)	Jan . 7, 1					1995	995 1:30 P M				
	220-30-6030		5. SEX	94	YRS.	MONTHS	DAYS	HOURS	MIN.	June	20 1 C	200	Country)
	9a. FACILITY NAME (If not in	74	1110.	05 000	V TOWE	OB / 00:5	000 05 5		20,15			Md		
œ			96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH											
6	Charlestown		Center			Baltimore							ore	
DIRECTOR	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
5	Md	Balt	imore											LIMITS? 1 YES 2 NO
AL	10e. STREET AND NUMBER		10f, ZIP CODE 10g, CITIZEN OF V						IZEN OF WI	HAT COUNTRY?				
FUNERAL	707 Maiden	Choice	Lane		21228 USA						USA			
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A		13.	WAS DEC	CENDENT C	F NISPAN	IIC ORIGIN? (S	pecify Yea	or No-	14. RACE	- American Indian, White, etc.
ВУ	1 Never Married 2		IF YES, GIVE V	2110	1 D Y				n, Puarto Rica /:	n, etc.)		Specify	r;	
													ite	
	(Specify only	EDENT'S EDUC highest grade	completed)		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the Do NOT use retired.)									
1 5	Elementary/Secondary (0	-12)	College (1-4 or 5 -	·) "							Dec		_	1
COMPLETED	17. FATNER'S NAME (First, M	iddle Lest)	4		168	ichei		In MOT	HED'C MAI	ME (First, Midd		vate		
	Francis S.	3411								n Offu		sumame)		1
B	19a, INFORMANT'S NAME (7			-	9h MAILING	AOORES	S /Streat			Poute Number,		Ctate 74	n Code)	
임	A. Kemp Fre	und								llicot				10//3
	20a. METHOD OF DISPOSIT	ON			EANDDATE				- , 111		V		City or Tow	
	1XX Burial 2 Cremation 4 Donation 5 Donation		oval from Stata	cemetery, c	rematory or other place)									
	4 Donellon 5 Other (Specify) Loudon Park Cemetery 1/10 Bal 21. SIGNATURE OF FUNERAL SERVICE LIGHNEE 22. NAME AND ADDRESS OF FACILITY													
	* Wito:	K	(des Oct	~ M	11 an					on Fun				
	23 PART I Enter the di	*****	omplications the			173	36 E	dmond	son	Avenu	e, Ba	ilto,	Md.	21228
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate interval Between													
1	IMMEDIATE CAUSE (Final disease or condition											Onset and Death		
ļ	disease or condition resulting in death) a. Cefebio Vascular Accident Due to (or As A consequence of):													
_	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
Z	cause. Enter UNDERLYING													
Ĕ	CAUSE (Disesse or Inju that initiated eventa		DUE TO	(OR AS A CONS	EOUENCE O	F):								
	resulting in death) LAS	T a	1											
	PART II. Other algolfica	nt condition	a contributing to	death but not	resulting	In the w	ndechdo	0.00000	nhan In	Don't or	. WAS AN		100	
MEDICAL				dadiii bat iioi	readiting	m the u	···ua···y···	y causa (jivati iti	Part 1. 24	PERFOR		1	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE
										- 11	YES 2	Mo		OF DEATH?
	DID TORACCO II	SE CONITE	DIDLITE TO CA	LICE OF DE	ATLL VI	·	NO F	7 1016	EDTAIN					1 TYES 2 NO
AN	DID TOBACCO U		CIBUIE IO CA		CE OF DEA	_	_		ERTAIN	A L I				
ᅙᆘ	EXAMINER?		HOSPITAL:			OTHE	R:			_ =====				
PHYSICIAN:	27. MANNER OF DEATH	INJURY							-	W INJURY OCCURED				
- 40	1 Diatural 5	IN	URY	WC	YES 2	NO I	aud. Degera	28d. DEŞCRIBE HOW INJURY OCCURED						
B	2 Accident 3 Suicide	ome, farm,	street, fac				261, LOCATIO	N (Street at	nd Number	or Bural Bo	ute Number			
윤	4 Nomicide						City or To	wn, State)						
	29a. CERTIFIER	EVING BUVEN	MAN. To the heat of	- I - miles		2.18 1.50			5000					
4 Nomicide determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.														
	29b. SIGNATURE AND TITLE				- Singation		,	,			prince, arro			
H	1/4	1	2mm	Car.	1	MY)	SAC FICE	NSE NUM	7 (29d. DAT	E SIGNED	Month, Gay, Year)
임	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH //T	EM 27) /Tune			1)	<u>ی</u> ٥	/ 6		-	1/	///
	Share	-	Me	DIM ac	4	10	-	7//	Maio	der C	house		310	
	31. DATE FILEO (Mgnth, Day,		32. REGISTRA	R'S SIGNATURE						-		-		
	JAN/1/0 199	95 d	1. 14.3											
	/ / / / / / /	0	WAY FOR MILLIAM	CRANGE							_			DHMH-16 Rev 1/89

BALTIMORE, OF VITAL RECORDS.

executed requires that the death certificate be

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR **CERTIFICATE OF DEATH** REG. NO 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF CEATH 3 TIME OF OFATH 1995 JULIUS F00TE JANUARY 10:40 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 XM 2 F 220-24-2057 64 04 30 Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF OFATH THE JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY 1- YES 2 NO Maryland Baltimore City FUNERAL 10e. STREET AND NUMBER 10f, ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 705 North_Rose Street 21205 USA nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS OECENOENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puarto Rican, stc.) 14. RACE — American Indian, Black, White, atc. **MARYLAND** 21215-0020 1 Never Married 2 Married 8 YES 2X NO Specify Specify 3 Widowed 4 X Divorced Black ETED 15. OECEOENT'S EOUCATION 18a. OECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KINO OF BUSINESS/INOUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 6 Laborer Construction once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) F Zach Foote Amanda Winder notified 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
4921 Apt. C Feederick Ave. Balto, M 19a, INFORMANT'S NAME (Type/Print) 2 Martina Foote Moaney Balto, MD 21229 pe 20a. METHOO OF DISPOSITION
1 Burlal 2 X Cremation 3 Ramoval from State 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Crematory gemetery, cremus Metro 4 Donation 6 Other (Specify) 01/09/95 Baltimore, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Unity Funeral Home 108 W. and completely filled in by the oburial, cremation, or removal. North Ave. Balto MD 21201 medical 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or haert failure. List only one ceuse on each line. Approximate interval Between IMMEDIATE CAUSE (Finel Onset and Death the disease or condition resulting in death) ULTIORGAN 3-4 week event, DUE TO (OR AS A CONSEQUENCE OF): METASTATIC traumatic CERTIFICATION Sequentially list conditions. OUE TO (OR AS A CONSEQUENCE OF): 2 if any, leeding to immediate attending physician ntal Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 the atter Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? апу 1 YES 2/ NO Shows 1 YES 2 NO has been s Dept. of H PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO ☐ UNCERTAIN 🗵 HYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) Item certificate In the State HOSPITAL: 1 YES 2 NO 1 Dinpatiant 2 ER/Outpatiant 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 6 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED with 28 is marked, his 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 3 Sulcide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED FUNERAL DIN FUNERAL DIN FINIT 72 hours 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. THE HOSPITAL THE FUNERAL I filed within 72 h TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) M 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Johns Mostin)e

32 GEGISTRAR'S SIGNATURE

31. DATE FILEO (Month, Day, Year)

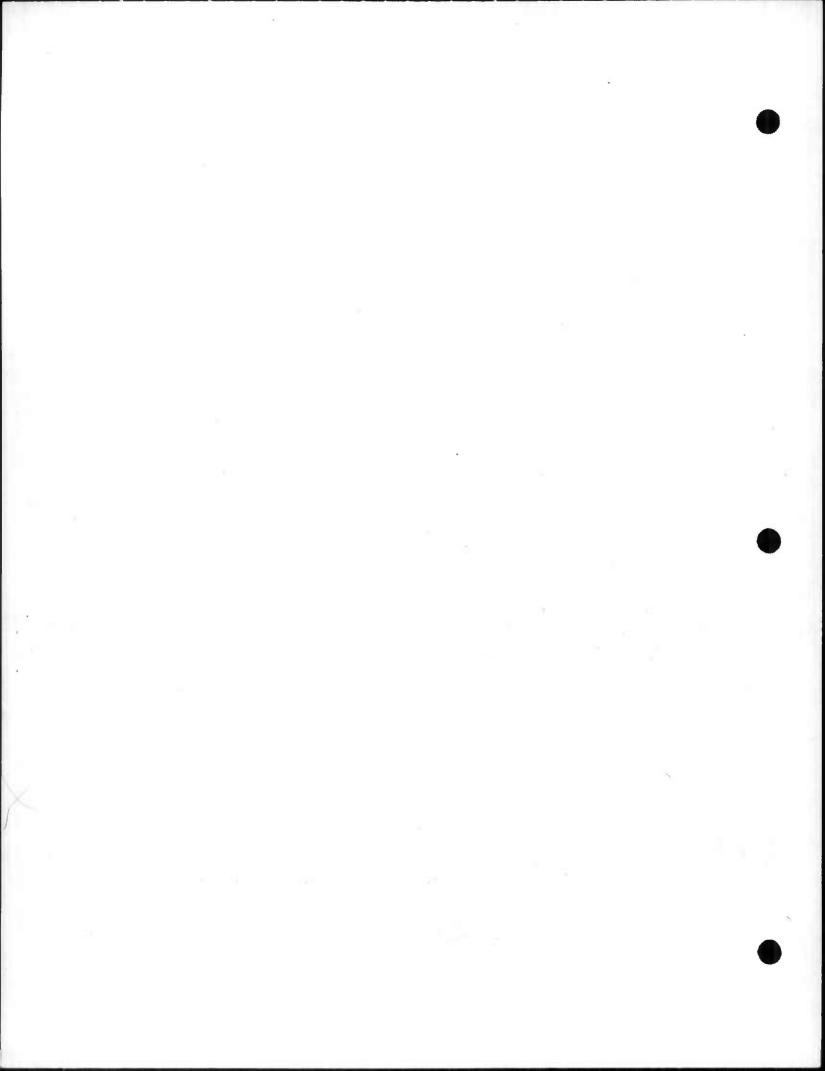
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SICIA	certi	A Dr
in Print	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s ath with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	narked or item 23 chows any injury or other traumatic event the medical evantual na modified at some
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	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
		IRENE	FISH	ER		7.4.41		EAR 3. 1	TIME OF DEATH ,		
	THE THE DE COLOR	1 □ M 2 ⋈ F	69 YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APRIL 29	1925	country) Denns	ce (State or Foreign		
TOR	NORTH ARUNDEL HOS		96.		BURNIE		ANNE ARUNDEL				
DIRECTOR		ARUNDEL		BURNI			10d, INSIDE CITY LIMITS? 1 YES 2 NO				
VERAL		900 Apt.781 Benesch Circle			21061		10g. CITIZEN OF WHAT COUNTRY? USA				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	2. WAS DECEDENT EVER IN FDRCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, spe	ENDENT OF HISPAN cify Cuban, Mexican 2 X ND Specify	IC ORIGIN7 (Specify Y n, Puerto Rican, atc.)	98 or No 14	s or No.— 14. RACE — American Indian, Black, White, stc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co		16a. DECEDENT'S USUA (Give kind of work d life. Do NOT use retir OFFICE MA	lone during mos ad.)	N t of working	16b. KIND OF B		TRY			
	17. FATHER'S NAME (First, Middle, Lest) ANDREW	NANE		ANAGER		ME (First, Middle, Maide			RCE		
TO BE	196. INFORMANT'S NAME (Type/Print) KATHLEEN MATTY	IVAIVL	19b. MAILING ADDI	RESS (Street an	ANNA d Number or Rural R	oute Number, City or To	wn, State, Zip Go	IGAN	20		
	20a. METHOD OF DISPOSITION 1Xi Burlet 2 Cremation 3 Ramove 4 Donation 5 Other (Specify)	al from State 20b.	PLACE AND DATE OF DIS trery, crematory or other pl NONGAHELA	POSITION /Nar	ne of	oate 20c. L	OCATION - CIT	or Town, S	State		
	21. SIGNATURE OF FUNERAL SERVICE CICEN		NONGAHELA	Stal	adoness of Facilings Full	/11/95 MON neral Home n Road Pa	e P.A.		1		
	23. PART I. Enter the disease, or conshock, or heart failure. Lis iMMEDIATE CAUSE (Final disease or condition resulting in death)	it only one ceuse on ae	the desth. Do not enter the desth. Do not enter the children the consequence of:	nter the mod	le of dying, such	ss cardiac or rea	piratory srres	,	Approximata interval Between Onset and Daath		
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A	CONSEQUENCE OF): 2 5 C / En = V c C CONSEQUENCE OF): BOWE CONSEQUENCE DF):	Cs.	Edio Va	pscalax	Diss	458.	Je Je		
MEDICAL	PART II. Other significant conditions of					PERFO	RMED?	COM OF E	LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO		
PHYSICIAN:	DID TOBACCO USE CONTRIE		6. PLACE OF DEATH (Ch	eck only one)	UNCERTAIN			l			
	1 YES NO 27. MANNER OF DEATH DAMsturel 5 Pending	20s. DATE DF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJU WOR	K?	26d. OEŞCRIBE HOW	INJURY OCCUP	EO			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, tarm, street,		ES 2 NO	28t, LOCATION (Street City or Town, State	and Number or	Rurel Route	Number,		
COMPLETE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: I							ause(s) and	manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CONTIFIER	in, No	19.		29c. LICENSE NUM 0 - 1 4	BER	29d. DATE S				
	30. NAME AND ADDRESS OF PERSON WHO C										
	IAN 1 0 1995 Jul	32. REGISTRAR'S SIGNAL	tall						1		



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and located fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral direction, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

	REGISTRAR	CERTIF	CATE O	DEATH	RI	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Marjorie Fields				2. DATE OF D	0 7 ^{AY}	95	3. TIME OF DEATH 7:30 A M		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (I	In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		8. BIRTH	IPLACE (State or Foreign		
	217-58-1782 ¹□м²ЖF 9	HOURS MIN.	12-0		Countr	"MDE				
~	9e. FACILITY NAME (If not institution, give street and number) Irvington Knolls Nursin	a Homo		on Location of Di	EATH	9c. CO	UNTY OF D	EATH		
DIRECTOR	RESIDENCE OF DECEDENT	g nome	Dal	cimore						
띭	10a. STATE 10b. COUNTY	ATION				10d. INSIDE CITY				
5	MD.	Bal	Ltimor	е				XXYES 2 NO		
FUNERAL	10e. STREET AND NUMBER			Of. ZIP CODE		10g. Cf		VHAT COUNTRY?		
Ä	22 S. Athol Ave.			21229			US			
BY FU	The second secon	2 DENO	If yes,	CENDENT OF HISPAI pecify Cuban, Mexica S 2 NO Specif	in, Puarto Rican	ecify Yea or No— , etc.)	Speci	- American Indien, c, White, etc. y: Vhite		
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPAT	TION	16b. KINI	OF BUSINESS/IN	DUSTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT us	e retired.)	ost or working						
MP	4	DOMEST	CIC WU							
	17. FATHER'S NAME (First, Middle, Last)					, Maiden Surname)				
BE	UNK 19a. INFORMANT'S NAME (Type/Print)	19h MAILING	ACCRESS (Street	and Number or Rural		for an Engin Chata 2	In Codes			
2	Mary Faith - Garneer			ve. Bal						
		PLACE AND DATE OF		Vame of 1 - 9 - 9!	OATE 5	20c. LOCATION -				
	21. SIGNATURE OF FUNERAL SERVICE LICENSIA	*	22. NAME	AND AODRESS OF FA	CILITY					
	· AMMANC		2	rt P. Wy N. Gilmo						
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. Let only one cause on each line. Approximate interval Between									
	IMMEDIATE CAUSE (Final disease or condition	ular.	~ who	thmiq				Onset and Death		
	resulting in daeth)	CONSEQUENCE OF	7: 11	1/11/10				5 moning		
z	- Huper	ten s	,					Years		
음	if any, leading to immediate	CONSTIQUENCE OF		1: 11		1	1.			
CERTIFICATION	CAUSE (Disease or Injury	CONSEQUENCE OF	ticle	rodiov	45 (4	(94 0	disc	y years		
E	that initiated events resulting in deeth) LAST	CONSEQUENCE OF	-):							
	_ t									
EDICAL	PART II. Other algnificant conditions contributing to deeth be	ut not reaulting i	n the underly	ng ceuse given in	Pert I. 24a.	WAS AN AUTOPSY PERFORMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
ă					1 [YES 2 NO		OF DEATH?		
	DID TOBACCO USE CONTRIBUTE TO	CALISE OF	DEATH	YES IT NO				1 TES 2 TO		
AN	25. WAS CASE REFERRED TO MEDICAL	CAUSE OF		PLACE OF DEATH (Ch						
SIC	EXAMINER? 1 ☐ YES 2 ☐ NO	etlant 3 🗆 DOA	OTHER:	me 5 🗆 Rasidence		ecifu)				
PHYSICIAN: M	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. II	IJURY AT		E HOW INJURY O	CCURED			
ВУ	1 Natural 5 Pending 2 Accident Investigation	INS		YES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	— At home, ferm, a	treet, factory, of	Ica	281. LOCATION City or Tox	N (Street and Numb	er or Rural F	Route Number,		
COMPLETED										
MP	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one)									
8	2 MEDICAL EXAMINER: On the basis of axamination	and/or investigatio	n, in my opinion			placa, and due to	the cause(a	i) end manner as stated.		
TO BE	Amatun U. Masem	M.D		D /S	MBER 5503	29d. DA	TE SIGNED	9/1995		
	AMATUN NATEM	ATH (ITEM 27) (Type,	DOL	PHIH S	IT,B.	ALTIM	nor	EMD		
	31. DATE FILEO (Month, Dey, Year) 12. REGISTRAN'S SIGN 14. 1 0 1995	ardall					1 1 1			

Item # 2 Film # G 719 1-10-95 N.A. Per funeral Home
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH JAN. 95 - YEAT CAROLYN AUSTINA TILGHMAN GRAY ď9 1:05A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 212-56-**3**653 HOURS 1 M 2 F 43 YRS. JUL.27,1951 MARYL AND Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNION MEMORIAL HOSPITAL BALTIMORE CITY n/a RESIDENCE OF DECEDENT 10b. COUNTY 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND n/a BALTIMORE 1 YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3228 BARCLAY STREE T use as the burial-transit 21218 UNITED STATES retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
It yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. PIACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married Specific BLACK BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify o (Give kind of work done during life. Do NOT use retired.) page 5 should be detached for intery/Secondary (0-12) College (1-4 or 5+) CITY 0F BALTIMORE LABORER 12 TH 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) EUGENE Ħ J. TILGHMAN AUSTINA **JOHNSON** BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 JOAN HICKS 1550 ALCONBURY ROAD, APT.E, BALTIMORE, MD 21221 8 pe 20a. METHOD OF DISPOSITION
1X☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must funeral director, VOSHELL MEMORIAL 4 Donation 5 Other (Specify) GARDENIS DUNDALK, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY death. WM. C. MARCH FH.-1101 E. NORTH **AVENUE** executed within 24 hours after d in and completely filled in by the to to burial, cremation, or removal. medicai 23. PART L'Enfar the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Dasth** disease or condition the . FUTRACE RETS RAL HEMORPHAGE ASSOCIATED WITH event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) COCAINS traumatic ABUSE CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediata the death certificate be attending physician ntal Hygiene prior to cause. Entar UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 the atter PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? by th that amy signed Health a 1 NES 2 NO OF DEATH? shows 1 YES 2 NO been t. of l DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\square\) NO \(\square\) UNCERTAIN \(\square\) PHYSICIAN: has be Dept. ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem EXAMINER? certificate I HOSPITAL OTHER: 1 Inpetient 2 PR/Outpetient 3 I DOA 4 🗆 Nt ng Home 5 - Residence 6 - Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 28d, DESCRIBE HOW INJURY OCCURED this with 1 X Xatural 5 Pending 1 YES 2 NO M BY After death 2 Accident 3 Sulcide 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) .00 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be S after 0 4 Homlelde 28 determined COMPLET 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(a) and manner as stated. (Check only one) 2 😾 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. NATURE AND TITLE OF CE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Na 09/95 O.C.M.E. JAN. 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Margarita Korell M.D. 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE

BOX 68760

RECORDS.

IVISION OF VITAL

DHMH-16 Rev 1/89

ITEMS: 23 PART I, 27, 28a, b, d, e, f, PER MEO FILM G-720 2/24/95 t.t.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Allottin, Last) 2. DATE OF DEATH 3. TIME OF DEATH JAN SAMANTHA GREENE P . MARIE 4:27 4. SOCIAL SECURITY NUMBER 8. AGE (fir yrs. last birthday) 5. BEX 7. DATE OF BIRTH B. BIRTHPLACE (State or Florido) DATE 1 W 2 7 2 216-37-3957 YRS. NOV. MARYLAND Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH St. COUNTY OF DEATH DIRECTOR Pages 1, 2, 3 GREATER LAUREL HOSPITAL PRINCE GEORGES LAUREL RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITE? LAUREL MARYLAND PRINCE GEORGE tX YES 2 □ NO permit. FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transft 313-B 9TH STREET 20707 USA Page 8 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES7 1 YES 2 NO 1 💢 Never Married 2 🗌 Married BY 1 YES 2 W NO Specify: Specify WHITE 3 Widowed 4 Divorced one as the COMPLETED IS. DECEDENT'S EDUCATION His. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
Ms. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTIN (Specify only high page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) N/A N/A N/A N/A once. 17. FATHER'S NAME (First, Mickille, Lest) 16. MOTHER'S NAME (First, Middle, Malden Suma Ħ UNKNOWN STEPHANIE KAY ROACH BE notified 19s. INFORMANT'S NAME (Type/Prot) 19b. MAILING ADDRESS (Street and Number or Russ! Route Number, City or Yown, State, Zip Code) 2 STEPHANIE K. ROACH 313-B 9TH STREET, LAUREL, MARYLAND 20707 2 20s. METHOD OF DISPOSITION

1/2 Burisl 2 □ Cremation 3 □ 1

4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must and completely filled in by the funeral director, blavial, cremation, or removal. UNION CEMETERY 1/10 BURTONSVILLE, MARYLAND examiner 21. SIGNATURE OF FUNERAL BENVICE LICENSE 22. NAME AND ADDRESS OF FACILITY FLECK FUNERAL HOME, INC. hours after death. 7601 SANDY SPRING ROAD, LAUREL, MD 20707 Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause of each time. medical 23. PART I. Enter the diseases, or Interval Between IMMEDIATE CAUSE (Final Onset and Death å disease or condition NO ANATOMIC OR TOXICOLOGIC CAUSE OF DEATH resulting in death) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, prior to DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other attending phy ental Hygiene ; DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the atten Mental A Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL Health and M AMALABLE PRIOR TO COMPLETION OF CAUSE VES 2 NO shows 1 YES 2 NO has been Dept. of PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO ☐ UNCERTAIN ☐ ă 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) PHYSICIAN: The them the State HOSPITAL: OTHER: XXYES 2 NO 1 ☐ Inpetfeet 2 X ER/Outpetfeet 3 ☐ DOA 4 D M reing Home 5 - Residence 6 - Other (Specify) 릞 ä 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day Year) 28b. TIME OF INJURY MG/ 28c. INJURY AT WORK? 29st. DESCRIBE HOW INJURY OCCURED marked, 1 Netural LINKNOWN LINKNOWN* 1 YES 2 HO BY A SE BMON 2 Accident 38s. PLACE OF INJURY — At home, farm, street, factory, office × 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) TED a XX Could not be 4 Homicide UNKNOWN HINKNOWN 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my kno eledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. COM MEDICAL EXAMINER: O and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPS TO THE PUNER De filed within IMPORTANT AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 294. DATE SIGNED (Month, Day, Year) BE ▶ JAN 5,1995 O.C.M..E 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7/00, Print) 111 Penn Street, Baltimore, Maryland 21201

DIVISION OF VITAL RECORDS, P.O. BOX 68760 1. OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within a found of the death. Page 6 may be retained by the hospital or attending physician. 1. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burdartransit to	on or removal
BOX 68760. ficate be executed within physician and completely	he prior to burial, cremativ
RECORDS, P.O. requires that the death certification signed by the attending	of Health and Mental Hynie
DIVISION OF VITAL RECORDS, P.O. BOX 68760. 1. OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within the INFECTOR: After this certificate has been signed by the attending physician and completely fill.	hours after death with the State Dent.

ermit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the nouns after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

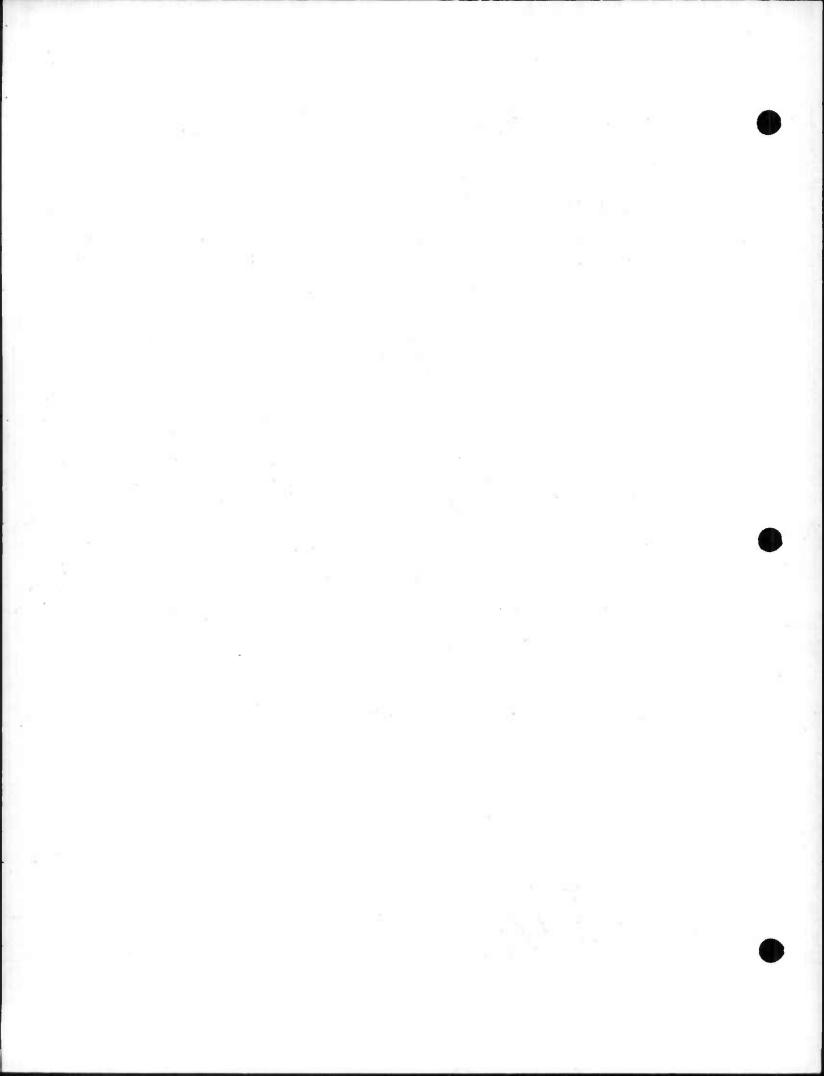
	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	IEALTH AND	MENTAL HYGH				
	1. DECEDENT'S NAME (First, Middle, Lest)	Edward H.	Gunke			2. DATE OF DEATH MONTH Jan. 5	DAY Y	3. TIME OF DEATH	м	
	AND THE SECOND OF WILLIAM	1 2 M 2 □ F 84	YRS.	FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTIN (Month, Day, Year) July 12	1910 95	BIRTHPLACE (State or Foreign Country) Maryland		
TOR	1818 Byrd St.			9b. CITY, TOWN OR LOCATION OF DEATH Balto. City, Md.						
DIRECTOR	10e. STATE 10b. COUNTY			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?		
	Maryland		Ba1	Lto.Ci	ty, Md.	1 🔀 YES 2 🗌 NO				
FUNERAL	1818 By			Unite	ed States					
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DEC	RACE — American Indian, Black, White, etc. Specify: White					
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	mpleted)	6a. DECEDENT'S US (Give kind of wor life. Do NOT use)	BUAL OCCUPATION It done during moretired.)	ON st of working	16b. KIND OF I	BUSINESS/INDUS	TRY		
MPLE	9th.Grade	College (1-4 or 5+)		itter		Mary	land D	rydock		
	17. FATHER'S NAME (First, Middle, Last)	ohn H.	Gunkel		16. MOTHER'S NA	ME (First, Middle, Maid	en Sumame)	hramm		
TO BE	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or 1	own, State, Zip Co			
-	Mrs.Lillian C.Gunkel 1818 Byrd St.Balto.Md. 21230 206. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION / Name of 200. LOCATION — City of Town, State									
	Removal from State Commetter 2 Cremation 3 Removal from State Camelery, cremetory or other place Holy Cross Cemetery 1/7/95 A.A.Co.Md.									
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	/		D ADDRESS OF FA	Balto	.Md.21			
	23. PART I. Enter the diseases, or cor	nplications that caused to	he death. Do not	MCC1	ully Fu	neral H	ome, 13	O E.Fort Av	76	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximats Interval Batween Onset and Daath									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CER	resulting in deeth) LAST								4	
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions of Honor	pertension		the underlying	ceuse given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN:	DID TOBACCO USE CONTRIB				UNCERTAIN	10				
SICI	EXAMINER?	IOSPITAL:	PLACE OF DEATN	THER:	5 W Residence	8 Other (Specify)			\exists	
	27, MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	286. T/ME C	OF 28c. INJU	JRY AT	26d. DESCRIBE HOV	INJURY OCCUR	REO	1	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	Al home, farm, stre		ES 2 NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSICIA (Check only one) MEDICA EXAMINER:	N: To the best of my knowled	ga, deeth occurred o	of the time, data	end piece, and due	to the cause(s) end m	anner es atated.	ause(s) and manner es stated.	1	
BE	290. SUDATURE XHO STILL OF CONTEREN	, ne			29c. LICENSE NUM			GNED (Month, Day, Year)	1	
10	MACA DOMES OF PERSON WHO C	COMPLETED CAUSE OF DEATH	3001 S. }	tanover	St. B	.Wimore	Md.	21225	1	
	JAN 10 1995	ALDER STANSAUSKY	Erdall						1	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. The flow feath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE

	REGISTRAR	CERTIFIC	AIE OI	DEALL	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
	ROBERT R. GEISER	Sr			MONTH D		5 1900 P		
			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign		
	216249844 18M2 OF	HOURS MIN.	(Month, Day, Year)		Country)				
			928 1	Pennsylvani					
ا ہے ا	9a. FACILITY NAME (If not institution, give street and number) Veteran's Hosp- Greene S	96		or Location of DE	ATH	9c. COUNT	TY OF DEATN		
DIRECTOR	1		Dal	cimore					
5	RESIDENCE OF DECEDENT								
뿐	10a. STATE 10b. COUNTY	10c. CITY, To	OWN OR LOC	timore			10d. INSIDE CITY		
<u>a</u>	Maryland		Вал	Limore			1 X YES 2 ☐ NO		
1	10a. STREET AND NUMBER		1	Of. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?		
FUNERAL	2938 Keswick Road			2	1211		SA		
Z I	11. MARITAL STATUS 12. WAS DECEDENT EVER IN		I						
교	1 Never Married 2 V Married FORCES? 1 YES	2 NO	if yes, a	CENDENT OF HISPANI specific Cuban, Maxican	C ORIGIN? (Specify Yes, Puerto Rican, etc.)	or No — 1	4. RACE — American Indian, Black, White, atc.		
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DA	ATES	1 🗆 YE	S 2 NO Specify:			Specify:		
							white		
巴	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of work life. Do NOT use re	UAL OCCUPAT done during r	ION nost of working	Marti	D Mai	rietta		
Щ	Elamentary/Secondary (0-12) College (1-4 or 5+)			102					
9		Machin	ISC		Machi	ne si	пор		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAM	E (First, Middle, Maiden	Surname)			
0	Frank Geiser			Cora	Edna Wi	nters	S		
BE	19a. INFORMANT'S NAME (Type/Print)	T 405 MAIL INO AD	DDECC (Owner						
임	Betty Jane Geiser	2938	Kess (Street	ick Road	oute Number, City or Tow Balto.,	n, State, Zip C	1211		
		2730	ICSW-	tek Koda	Burco.,	110 2			
		PLACE AND DATE OF D		Name of	DATE 20c. LO	CATION — CI	ity or Town, Stata		
	4 Donation 5 Other (Specify)	etery, crematory or other rest Law	place)	n Dark	1/12 Syk	esvi	lle MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	reat naw	22. NAME	AND ADDRESS OF FAC	ILITY	CDVI.	IIC/ IID		
	-To. 21 1		Burg	ree-Hens	s Funera	1 Hor	me		
	Clacky Henso Gara	unter		,			MD 21211		
	23. PART i. Enter the disease, or complications that caused	the death. Do not	enter the m	ode of dying, auch	as cardiac or resp	ratory arre	at, Approximate		
	shock, or heart fallure. List only one cause on a	ech line.		A STATE OF THE PARTY OF THE PAR	The second section of		interval Between		
	IMMEDIATE CAUSE (Fine) disease or condition						Onset and Das		
	resulting in death) a. INETABO	LIC DE	RANG	EMENT					
	DUE TO (OR AS A	DUE TO (OR AS A CONSEQUENCE OF):							
7	DEHY DRI	ATION A	ND	MAINII-	TRITION)			
Sequentielly list conditions, DEHYDRATION AND MALNUTRITION									
흐	Sequantielly list conditions, if any, leading to immediate Due TO (OR AS A CONSEQUENCE OF):								
ATIO	If any, leading to immediate cause. Enter UNDERLYING		STATI	PRINCTA	TE LADE IN	inmi	4		
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		STATI	c PROSTAT	TE CARCIN	som!	4		
TIFICATION	If any, leading to immediate cause. Enter UNDERLYING ADVANCE.	D METAS	BTATI	C PROSTAT	TE CARCIN	somi	4		
ERTIFICATION	If any, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	D METAS	BTATI	c Prostat	TE CARCIN	vom /	4		
L CERTIFICATION	If any, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	D METAS CONSEQUENCE OF):							
CAL CERTIFICATION	If any, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	D METAS CONSEQUENCE OF):				AUTOPSY	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO		
DICAL CERTIFICATION	If any, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	D METAS CONSEQUENCE OF):			Part I. 24a. WAS AN	AUTOPSY IMED?	24b. WERE AUTOPSY FINDING		
EDICAL	If any, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	D METAS CONSEQUENCE OF):			Part I. 24a. WAS AN PERFOI	AUTOPSY IMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION DE CAUSE		
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BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to deeth by the conditions	CAUSE OF D atlent 3 DOA 4 28b. TiME O INJURY	DEATH 26. I THER: Nursing Ho F M 1	YES NO PLACE OF DEATN (Che) me 5 Residence (JURY AT ORK? YES 2 NO	Part I. 24a. WAS AN PERFOI 1 YES 2 Other (Specify) 26d. DESCRIBE NOW I	AUTOPSY IMED? Pd NO NJURY OCCU	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
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BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to deeth be determined. DID TOBACCO USE CONTRIBUTE TO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Pinpetient 2 ER/Outp 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITAE OF CERTIFIER 20b. SIGNATURE AND TITAE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DE	CAUSE OF D stient 3 DOA 4 DO HINJURY At home, farm, streetily) ATN (ITEM 27) (Type, Pril 3 ALT I MC	DEATH 28. ITHER: Nursing Ho Pt, factory, off at the time, det n my opinion,	YES NO PLACE OF DEATN (Cheme 5 Residence (HURY AT ORK? YES 2 NO loca ta and place, and due to death occurred at the to 29c. LICENSE NUM	Part I. 24a. WAS AN PERFOI 1 YES 2 Ok only one) 3 Other (Specify) 28d. DESCRIBE NOW I City or Yown, State) to the cause(a) and mailme, data and place, and BER	AUTOPSY MED? MINO NJURY OCCU and Number of the the the the the the the the the the	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO PRED Recompleted to the control of the		



3. TIME OF GEATH

0620A

DHMH-16 Rev 1/89

REG. NO

2. DATE OF DEATH

01

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

JEAN

Betty

1 -

WISION OF VITAL RECORDS, P.O. BOX 68760.

4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birtnday) 5. SEX 7. DATE OF BIRTH 1 1 / 2 2 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 68 1 M 2 X 218-22-6871 22 726 Virginia West 9s. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF DEATH Harbor Hospital permit. Pages 1, 2, 3 DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel **Baltimore** 1 TES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3808 Sixth Street 21225 USA use as the burial-transit ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 X Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES BY 1 TYES 2 THO Specify 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) funeral director, page 5 should be detached for College (1-4 or 5+) once 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ora McKinley Groves 2 Nellie Blanche Dodge notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jeanie Charleen Bohon 49 Cedar Manor Petersburg, WVa 26847 pe 20s. METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremetion 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Number of 20c. LOCATION - City or Town, State DATE must Metro Crematory, Inc. 01/07/95 Baltimore, 21. SIGNATURE ON FUNERAL SERVICE LICENSEE DAWN F. McDonald examiner 22. NAME AND ADDRESS OF FACILITY Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD attending physician and completely filled in by the intal Hygiene prior to burial, cremation, or removal. medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart fallura. List only one cause on each line intarvai Between **IMMEDIATE CAUSE (Final Onset and Death** the disease or condition resulting in daeth) Cerebral hemorrha 12 hrs event. DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury signed by the attending phy Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAIL ARLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? 1 YES 2 | NO 1 YES 2 NO certificate has been in the State Dept. of I DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 28a. OATE OF INJURY 26d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 26c. INJURY AT WORK? DIE WITH marked 1 Natural 1 YES 2 NO BY Investigation death 2 Accident ATTENDING Affer 28e, PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 3 Suicide COMPLETED 6 Could not be E affer 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated, 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) BE 10 Chun 0/ 2 30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print Nen-min Harbor 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S 0 1995

Item#1,6,7 Per F.H. Film# G-719 1/10/95 R.M.

Groves

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

and the later of the later.

Item 3 1,9a, 18 film # G 719 1-10-95 N.A Per funeral home STATE OF MARYIAND / DEPARTMENT OF HEALTH AND MENTAL HYCKE

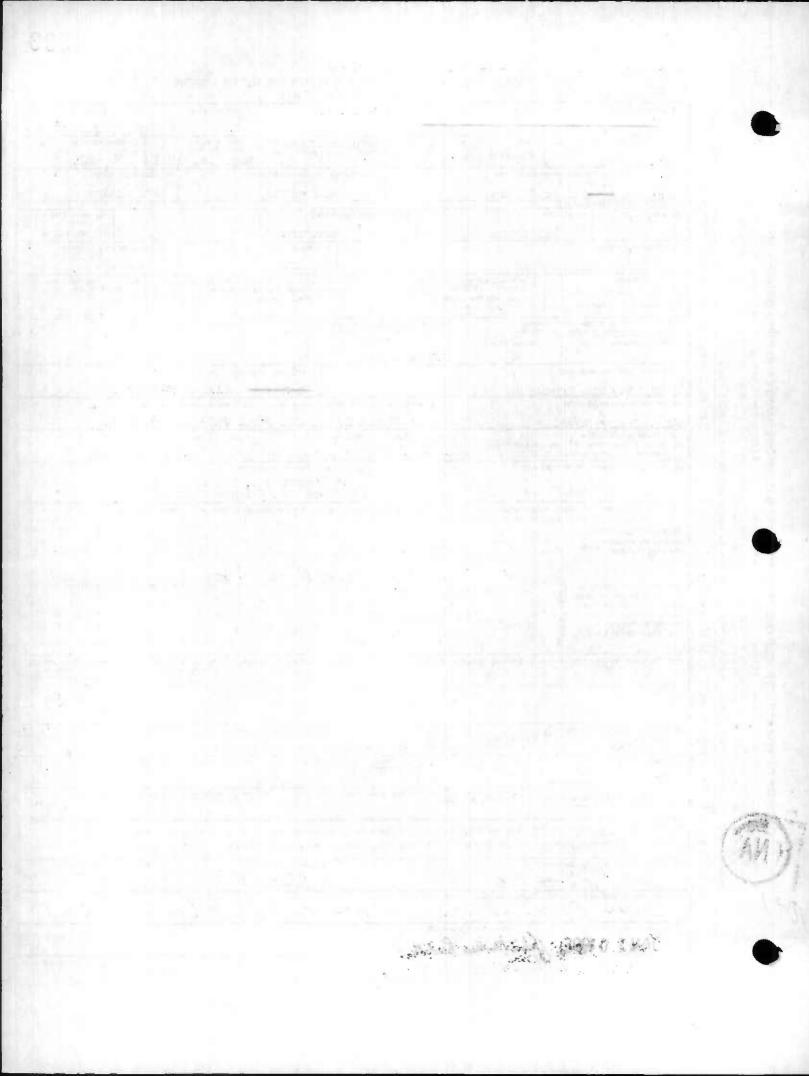
	1 - STATE REGISTRAR		CERTIF	ICATE OF		REG. N				
	1. DECEDENT'S NAME (First, Middle, Last) Dav	AOTH	ton Gra	thaus Jr		2. DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 公 M	MONTHS DAYS HOURS MIN.				7. DATE OF BIRTH (Month, Day, Year) Aug. 18,	1911	8. BIRTNPL/ Country)	Md .	
TOR	98. FACILITY NAME (If not institution, give street and not form to the form of				on LOCATION OF C	EATH	9c. COU	NTY OF DEAT	N	
DIRECTOR	10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC				100	1. INSIDE CITY LIMITS?	
AL D	Md. Baltim 100. STREET AND NUMBER	ore			atonsvil	le	10g. CITI	1 (YES 2 NO	
FUNERAL	719 Maiden Choice Lan				21228			U.S.A.	U.S.A.	
ВУ	1 Never Married 2 Married FORG	DECEDENT EVER IN ES? 1 XYES S, GIVE WAR OR DA WW-II	2 NO	If yes, s	CENDENT OF HISPA pecify Cuban, Maxic S 2 2 NO Spec	NIC ORIGIN? (Specify V an, Puerto Rican, etc.) lly:	es or No—	14. RACE — Bleck, W Specify:	American Indian, hita, atc. White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College	CUPATION 16b. KIND OF BUSINESS/INDUSTRY								
SOM	17. FATNER'S NAME (First, Middle, Last) 4 Pharmacist Arcade Pharmacy 18. MOTNER'S NAME (First, Middle, Maiden Surname)									
BE	David Benton Grothaus 190. INFORMANT'S NAME (Type/Print)	, Sr.	19b. MAILING	ADDRESS (Street		de Lilliar				
2	Mrs. Penny Noval					unt Valley	-0-			
	20e. METNOD OF DISPOSITION 10 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametary, crematory or other place) New Cathedral Cemetery 1/12/95 Baltimore, Md.									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Wallace S.			22. NAME /	Towson F	uneral Hon	ne, In	ıc.	1.	
	23. PART I. Enter the diseases, or complicat			1050 Y	ork Rd.	Towson, Mo	1. 212	04	Approximate	
	ahock, or heert failure. List only IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a	Anen	M / A CONSEQUENCE O	FI:					Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Myloproliters the Discovery Due to (or as a consequence of): DUE TO (or as a consequence of):									
	PART ii. Other significant conditions contrib	uting to death b	ut not resulting	In the underlyi	ng cause given in	Part I. 24a. WAS A	IN AUTOPSY		RE AUTOPSY FINDINGS	
MEDICAL						1 □ YES		CO OF	MPLETION OF CAUSE DEATH? YES 2 NO	
PHYSICIAN:	26. WAS CASE REFERRED TO MEDICAL			26. [PLACE OF DEATH (C	heck only one)	-			
YSIC		TAL: tlent 2 ER/Outp	etlent 3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Residence	8 Other (Specify)				
ВУ РН	1 Netural 5 Pending 2 Accident Investigation	OATE OF INJURY (Month, Day, Year)		JURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OC	CUREO		
	3 Suicide 6 Could not be detarmined	PLACE OF INJURY building, etc. (Spec	— At home, farm,	etreet, factory, off	cs	261, LOCATION (Street City or Town, Stan	t and Number (e)	or Rural Route	Number,	
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To a CERTIFYING PHYSICIAN: TO a CERTIFYING PHYSICIAN: TO a CERTIFYING PHYSICIAN: TO a CERTIFYING PHYSICIAN: TO a CERTIFYING PHYSICIAN: TO a CERTIFYING PHYSICIAN: TO a CERTIFYING PHYSICIAN: TO a CERTIFYING PHYSICIAN: TO a CERTIFYING PHYSICIAN: TO a CERTIFYING PHYSICIAN: TO a CERTIFYING PHYSICIAN: TO a CERTIFYING PHYSICIAN: TO a CERTIFYING PHYSICIAN: TO a CERTIFYING PHYSICIAN: TO a CERTIFYING PHYSICIAN: TO a CERTIFYING PHYSICIAN: TO a CERTIFYING PHYSICIAN: TO a CERTIFYING PH								d manner as stated.	
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	P			D34	05-3	29d. DAT	E SIGNED IMO	onth, Day, Year)	
		um m	0 71	Print)	idea (.	here C	ane	21	1228	
	31. DATE FILED (Month, Day, Year) JAN 1 0 1895	REGISTRAR'S SIGN	ATURE							

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. iours after death. Page 6 may be retained by the hospital or attending physician. 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. HIGHG PHYSICIAN: The law requires that the death certificate be executed with

BALTIMORE, MARYLAND 21215-0020

SION OF VITAL RECORDS, P.O. BOX 68760

DNMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760

CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR BRUCE 1995 Jan. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 □ F 94 231-12-0888 Oct. 15, 1901 Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR permit. Pages 1, 2, 3 502 Rose Hill Terrace Baltimore N/A 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD N/A Baltimore TY YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 502 Rose Hill Terrace the funeral director, page 5 should be detached for use as the burial-transit 21218 U.S.A. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married B 1 TYES 2 NO Specify: Specify: 3 📉 Widowed 4 🔲 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Custodian 7th N/A notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles Vaughn Mollie Vaughn 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Barbara Canady 502 Rose Hill Terrace/Baltimore, MD 21218 pe 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 1 X Burial 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) VOSHELL "MEMORIAL GARDENS 1-10 DUNDALK, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY March Funeral Home East 1101 E. North Avenue/Baltimore. 21202 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not the attending physician and completely filled in by Mental Hygiene prior to burial, cremation, or remo enter the mode of dying, such as cardiac or respiratory arrest. Approximate shock, or heart feliure. Liet only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition resulting in death) event, other traumatic CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST any Injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO has been Dept. of I DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINERS 1 YES 2 NO 26. PLACE OF DEATH (Check only one) OR ATTENDING PHYSICIAN: The the certificate h HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 26s. DATE OF INJURY 28c. INJURY AT WORK? 26b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural М 1 YES 2 NO В til 8 Africa 2 Accident 28e. PLACE OF INJURY — At home, farm, atreat, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be determined DIRECTOR: hours after 23 4 Homicide 29a, CERTIFIER COMPL CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. HK. HALL = 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296, SIGNATURE AMOUNTLE OF CERTIFUE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day Year) BE

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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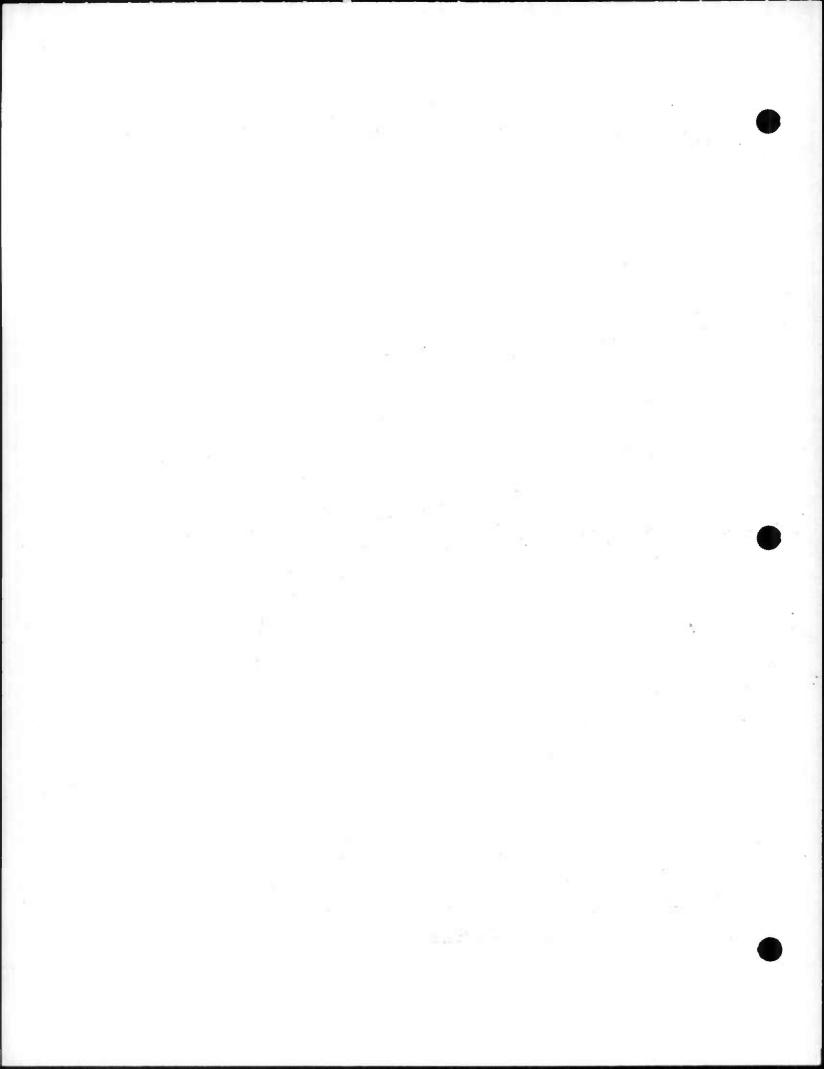
32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89

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STATE REGISTRAR



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BALTIMORE, MARYLAND 21215-0020	i certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
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	MICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may b	the pertificate has been signed by the attending physician and completely filled in by the funeral director	In the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH Margaret Eva Howard 1995 10:50 A.M. January 8 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 8, BIRTHPLACE (State or Foreign Country) 1 M 2 1 DAYS HOURS 220-48-3762 46 YRS 10/15/1948 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Essex Baltimore Ivv Hall Nursing Home RESIDENCE OF DECEDENT 10a. STATE 10h COUNT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Baltimore Carney 1 TES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WNAT COUNTRY? 9005 21234 Scotts Haven Drive U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Maxican, Puerto Ricen, etc.)
1 YES 2 X NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, alc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5 +) Sr. Service Advisor Prudential Insurance Co. 1 yr. 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname K. William Boettinger Margaret Ann McLandoe 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) William Howard Same as #10 20e. METHOD OF DISPOSITION
1 □ Burlel 2 🏋 Cremetion 3 □ Res 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Hilltop Service Corp. 4 Donation 5 Other (Specify) 1/10/95 Towson, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md an plications that caused the death. Do not enter the mode of dying, auch as cardisc or respiratory arreat, tonly any cause on esch line. 23. PART I. Enter the diseases, or complication shock, or heart fallure List only of Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) 655 le formate 11 1 OUE TO (OR AS A CONSEQUENCE OF): old CUA Sequentially list conditiona, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Mellelin CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 T NO

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one EXAMINER? HOSPITAL: OTHER:
4 Nuffiling Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 1 YES 2 NO 2 Accident Investigation

4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) end menner se stated.

28a. PLACE OF INJURY — Al home, lerm, street, factory, office building, etc. (Specify)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 1422

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Marilean Randall JAN 1 0 1995

8 Could not be

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to the The The The The The Third by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

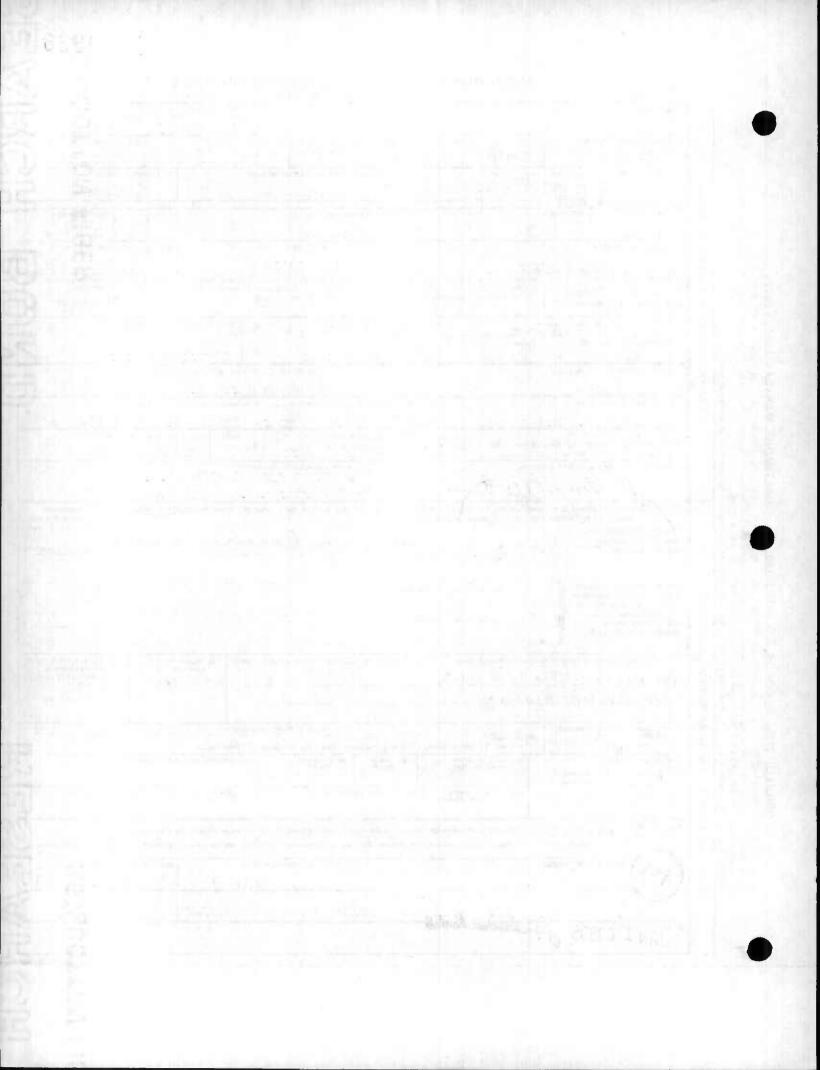
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

DECEDENT'S NAME (First, Middle, Last)

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	1. DECEDENT'S NAME (First, Middle, Lest) JOHNNIE M. HOLT									2. DATE OF DEATH DAY YEAR 3, TIME OF DEATH					
										1	1 05 95 1:50 pm				
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In	yrs. last birth		UNDER 1 YE	-	IF UNDER		7. DATE	OF BIRTH		6. BIRT	HPLACE (State or Foreign
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	9e. FACILITY NAME (If not in	natitution, give st	reet end number)			9b.	CITY, TO	WN OR	LOCATIO	ON OF D	EATH		9c. COL	INTY OF I	
r	RIVERVIEW NURSING CENTRE, INC.						T	Esse	3.32				T	0-1+	imore
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ŭ	10e. STATE													10d. INSIDE CITY LIMITS?	
₹ I	Maryland Baltimore												LIMITS?		
	104. STREET AND NUMBER 101. ZIP CODE											1 100 CIT	IZEN OF	WHAT COUNTRY?	
FUNERAL												log. Cr			
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2	11. MARITAL STATUS 1 Never Married 2	Mamlad	12. WAS DECEDEN FORCES? 1		2 NO						NIC ORIGIN In, Puerto F		Yes or No-	14. RAC Blac	E — American Indian, k, White, etc.
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	12				Brida	al Co	nsul	tar	nt		D	epart	ment	Stor	re ·
TE CO	17. FATHER'S NAME (First, M	Aiddle, Last)							16. MOTI	IER'S NA			en Sumeme)		The second
	Wesley Pa	ge							Rh	oda	Harr	ison			
N N	19a. INFORMANT'S NAME (19b. MA	ALING ADD	PRESS (St	reet end		_			own, State, Zi	p Code)	
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CERTIFICATION	MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
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١	PART II. Other significa	ent condition	s contributing to	death but	not reaul	ting in th	ne under	riying	cause ç	lven in	Part I.		AN AUTOPSY	24	. WERE AUTOPSY FINDINGS
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LI TSICIAN.	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
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2	1 TYES 2 NO		1 Inpatient 2			DOA 44	Questing			sidence	6 🗆 Othe	r (Specify)			
10	27. MANNER OF DÉATH 1 Netural 5 2 Accident	Pending Investigation	26e. DATE OF (Month, D		268	b. TIME OF INJURY		WOR] NO	26d. DES	CRIBE HO	V INJURY O	CURED	
	2 Deviates	Could not be determined	28e. PLACE O building,	F INJURY — etc. (Specify	At home, f	larm, stree	t, fectory,	office		V.	28t. LOC City	ATION (Stre or Town, Sta	et and Numbe	or Rural	Route Number,
COMPLETED	one) 2 MED	DICAL EXAMINE													e) end manner se atated.
u n	OG SIGNATURE AND TITLE	OF CERTIFIER	. ~					3	29c. LICE	NSE NU	MBER		29d. DA	TE SIGNE	(Month, Day, Year)
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	JAN THOM	95	3/1000000	IN STATEMENT	ORE										100



YEAR

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9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

USA

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

4. SOCIAL SECURITY NUMBER

JOHN HARLEE

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7. DATE OF BIRTN (Mpnth, Day, Ybar) 220-20-0073 DAYS HOURS 1 M 2 - F -6 -Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATN VIEW Harbor Hospita Baltimore DIRECTOR Maryland RESIDENCE OF DECEDENT Galtimore 10b. COUNTY Md permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 719 N. Augusta Ave. 21227 use as the burial-transit after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑XES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Marrie BY 3 Widowed 4 Divorced 品 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp E the funeral director, page 5 should be detached for Fiementary/Secondary (0-12) College (1-4 or 5+) Custodian Baltimore School System COMPL once. 17. FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Maiden Sumame, John E. Harlee, Sr. 7 Novail Ballard BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mildred Harlee 719 N. Augusta Ave. Balto., MD pe 20c. LOCATION — City or Town, State 20b. PLACE ANO OATE OF DISPOSITION (Name OATE must of cemetary, crematory or of Garrison Forrest Baltimore, MD examiner 21. SIGN TUBE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons Funeral Hom Laurens Street Balto. nter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, hock, or heart failure. List only one clause on each line. medical 23. PART I Inter the diseases, or complications filled in by 0 IMMEDIATE CAUSE (Final cremation, the HEPATIC ENCEPHALOPATHY disease or condition_ and completely fi to burial, cremation event, t resulting in death) DUE TO (OR AS A CONSEQUENCE OF). HEPATOMA traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to signed by the attending physician in Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 23 shows any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY MEDICAL HYPERLALCEMIA 1 YES 2 NO has been Dept. of H PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: this certificate has with the State D tem OTHER: 1 YES 2 NO lient 2 - ER/Outpetient 3 - DOA ng Nome 5 Residence 8 Other (Specify) 4 - Nursi 6 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY DIRECTOR: After 1 hours after death death 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 3 Suicide 8 Could not be COMPLETED 4 Homicide 28 determined Hem 29s. CERTIFIER 1 CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL within 72 h MPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 光光 HERESON I ROSPITAL HOUSESTAN Romella a. lower, MO 13-2441614-29 2 2 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CAVAR, MO 3001 9. HANOVER ST. 21225 KONILDA BALTIMBRE MO 32 REGISTRAR'S SIGNATURE 0 1995

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

6. AGE (In yrs. lest birthday)

2. DATE OF DEATH

01

07

95 00337

3. TIME OF DEATH

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10:50

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

Specify: Black

1 X YES 2 | NO

MD

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24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 YES 2 NO

29d. DATE SIGNEO (Month, Day, Year)

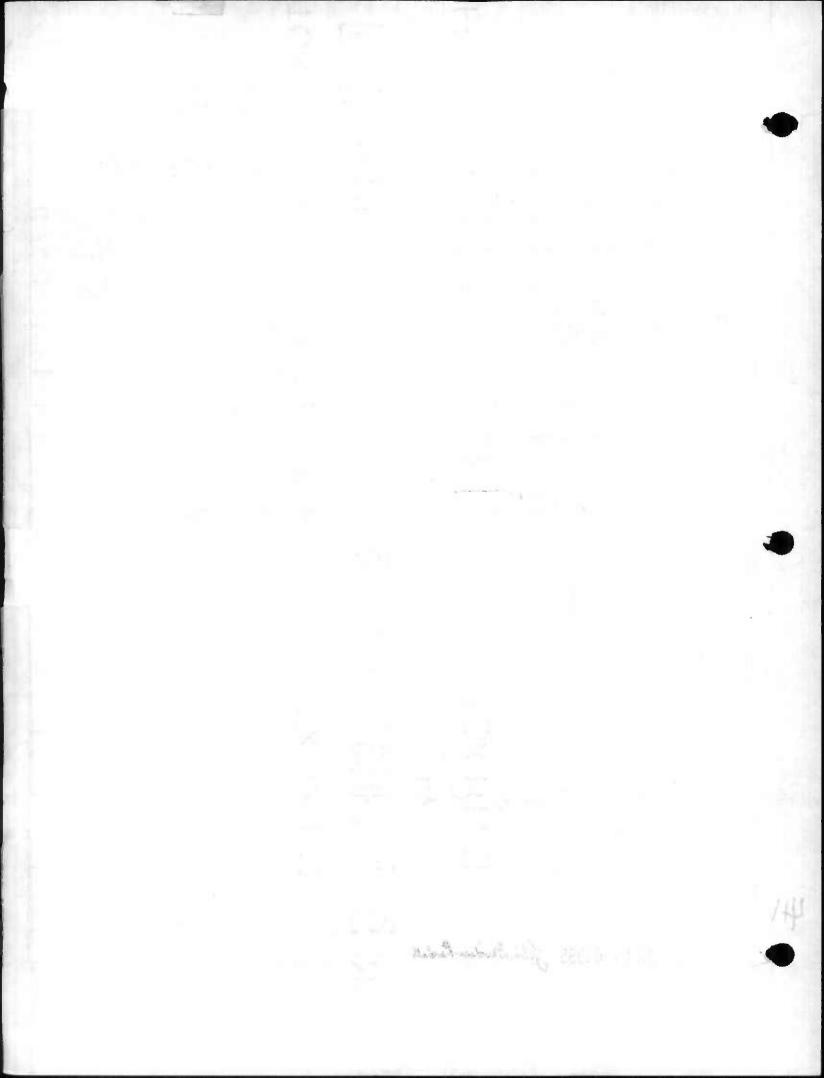
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COMPLETION OF CAUSE OF DEATN?

Onset and Death

8. BIRTNPLACE (State or Foreign

DHMH-16 Rev 1/89



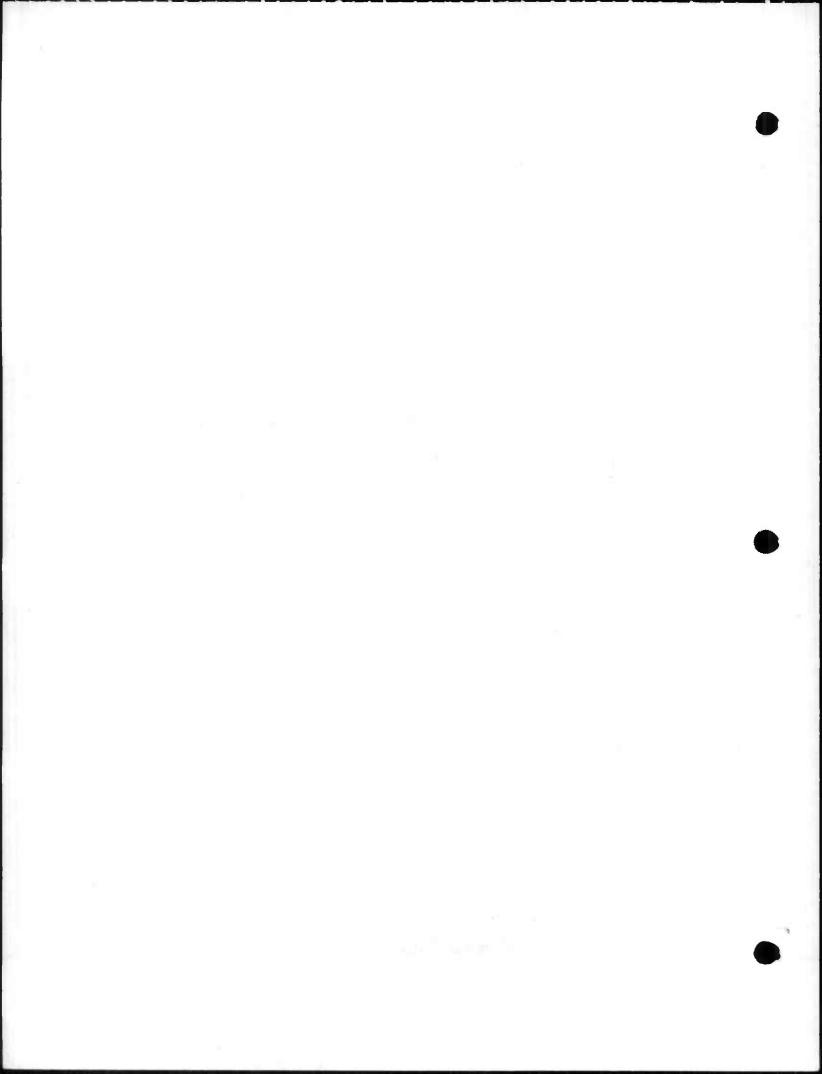
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

	1 - FOR STATE OF REGISTRAR		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.					
11000	1. DECEDENT'S NAME (First, Middle, Last) VERNON HARRIS , JR			2. DATE OF DEATH JANUARY DAY	,1995 ^R 06	e OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX MM 2 [] F	6. AGE (In yrs. last birthday) 48 YRS.	7. DATE OF BIRTH (Month, Day, Year) 12-23-46	(State or Foreign					
TOR.	9a. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPIT RESIDENCE OF DECEDENT	S HOPKINS HOSPITAL BALTIMORE CITY							
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore								
FUNERAL	1608 Pentwood Rd.		101. ZIP CODE 21239		10g. CITIZEN OF WHAT COUNTRY? USA				
В	1 Never Merried 2 XMerried FORCES?	NT EVER IN U.S. ARMED I YES 2 MINO MAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Maxica 1 YES 2X 100 Specify	in, Puerto Ricen, atc.)	No — 14. RACE — Am Black, White Specify: B1	etc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	+) life. Do NOT use re	done during most of working	166. KIND OF BUSINE	Employed				
BE CON	17. FATHER'S NAME (First, Middle, Last) Vernon M. Harris, Sr	•		ME (First, Middle, Maiden Surr a E. Coving	rame)				
10	Ann Christine Harris	1	Pentwood Rd.		. , ,				
	20e. METHOD OF DISPOSITION 1 □ Burlel ②CINCremation 3 □ Removal from Stata 4 □ Donation 5 □ Other (Specify)	20b. PLACE AND DATE OF COmpletery, Crematory of other		1	ON - City or Town, Sta				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Joston	James A. M. 1701 Laure	orton & So	ns Funer Balto.,	al Home MD 212			
	DUE TO	EBRAL ISC+	enter the mode of dying, suc	h aa cerdiec or reapirate	ory arreat,	Approximate Interval Between Onset and Death			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease Dr. Injury	OF AS A CONSEQUENCE OF): PER TENSION OF AS A CONSEQUENCE OF):	DISSECTION		6	YRS APPROX			
A.	PART II. Other significant conditions contributing to		he underlying cause given in	Part I. 24e. WAS AN AUT PERFORMED	O? AVAILA COMPL OF DEJ	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ITN? ES 2 M NO			
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CA		, , , , , , , , , , , , , , , , , , ,						
M 1 YES 2 NO									
	1 286 PLACE OF IN HERY — At home form etreat feedom office								
COMPLETED	29e. CERTIFIER (Check only one) 1 SO CERTIFVINO PNYSICIAN: To the best of MEDICAL EXAMINER: On the basis of					enner es stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER S. NOOM. MD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAI	SE OF DEATH STEM OF AND ON	29c. LICENSE NUA	125 29	d. DATE SIGNED (Month.	195			
	SHAHID NAWY MD. JOH	AR'S SIGNATURE	,	& ST. BALTI	mone and				
	JAN 1 0 1995 Juli de	voler Revolate				DHMH-18 Rev 1/89			



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any flours after death. Page 6 may be retained by the hospital or attending physician.

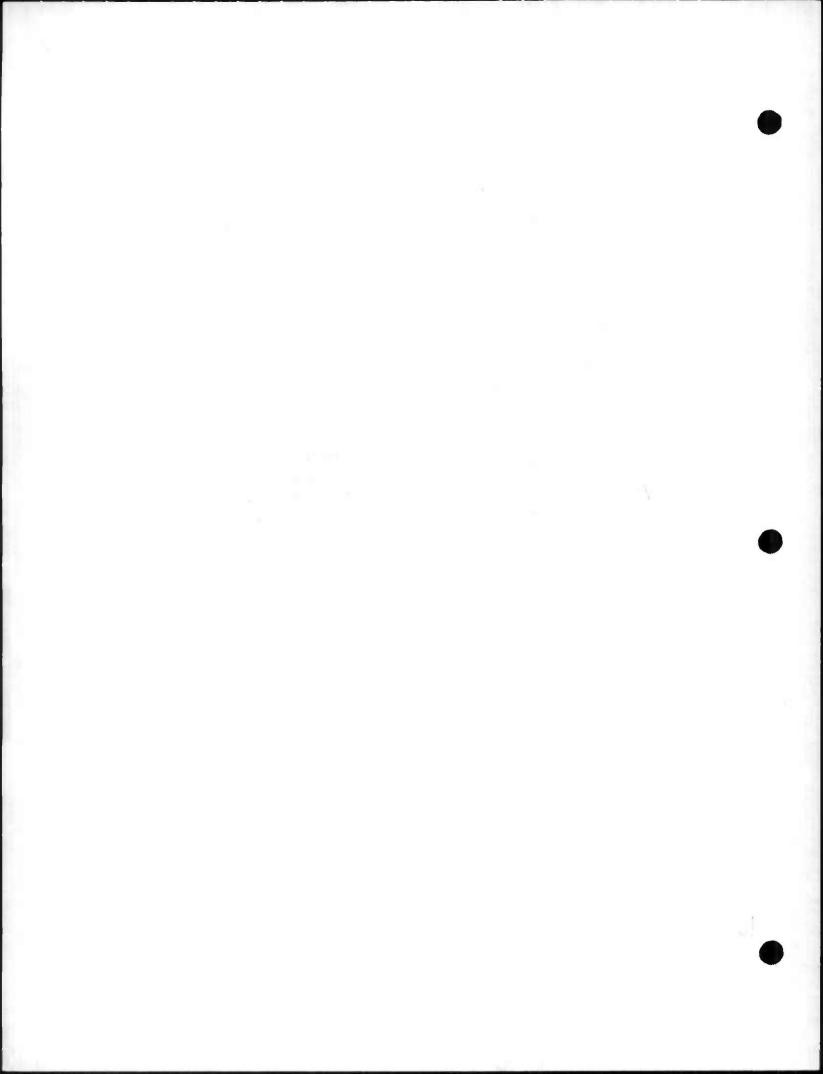
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

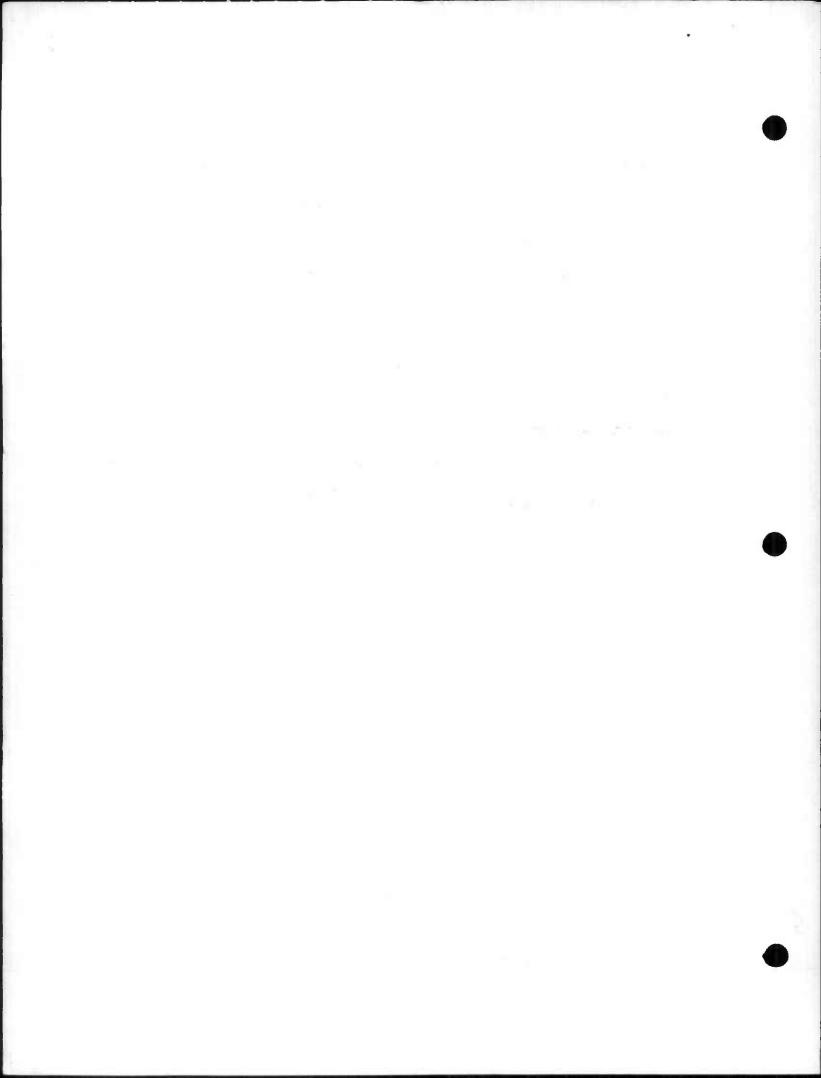
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	REGISTRAN			CE	חוור	ICALL	= Ur	DEAL	П	F	reg. No.			
	1. DECEDENT'S NAME (First	V-100	aia U	acan						2. DATE OF	DEATH	¥ 100	YEAR	3. TIME OF DEATH 12:40am
John Francis Hagan Jahuary 74, 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In viz. lest birthday) 15 INDER 1 VEAR 15 INDER 15 INDER 1 VEAR 15 INDER 1 VEAR 15 INDER 1 VEAR 15 INDER 15 INDER 15 INDER 15 INDER 15 INDER 15 INDER 15 INDER 15 INDER 15 INDER 15 INDER 15 INDER 15									195					
	H 400 11 2 12 12 13 11 2 3	SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Mornth, Day, Year) Oct. 19, 19.					BIRTH D. Year)	8. BIRTHPLACE (State or Foreign Country) PA						
	9n. FACILITY NAME (If not in		4.6	01		9b. CITY	TOWN C	OR LOCATIO	ON OF DE		7,150		NTV OF D	
e o	Franklin Square Hospital					96. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF ROSSVILLE Balt							more	
5	RESIDENCE OF DEC													
DIRECTOR	Md.	10c. CITY, TOWN OR LOCATION Middle River						10d. INSIDE CITY LIMITS? 1 YES 2 NO						
10e. STREET AND NUMBER 1306 First Road 10f. ZIP CODE 21220 10g. CITIZE 21220 10g. CITIZE 1306 First Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 10 STREET AND NUMBER 110 STREET AND NU								IZEN OF W	VHAT COUNTRY?					
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. — 14. RACE — American Indian.								- American Indian					
B	3 □ Widoward 4 □ Diversed IF YES, GIVE WAR OR OATES 1 □ YES 2 □ NO Specify: Specify:									t, White, etc.				
윤		EDENT'S EDUCA		16a. DEC	CEDENT'S	USUAL O	CCUPATIO	ON st of workin	<i>a</i>	16b. KIN	ID OF BUS	INESS/INC	DUSTRY	WIII CE
COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 5	+) life.	Do NOT us	e retired.)		gemen	-					
S	17. FATHER'S NAME (First, M	liddle, Last)		Wal	enou	ise r	lanac			ME (First, Middl	la Malata	D		
	Francis		Hagan							erine	Hans		CV	
BE	19a. INFORMANT'S NAME (7		nagan	196	MAILING	ADDRESS	(Street a			loute Number, (-	
2	Lois Hag				306					imore				
	20a. METHOD OF DISPOSIT TYP Burial 2 Crematic 4 Donation 5 Other		al from State	20b. PLACE A cemetery, cren	natory or of	ther place)			1 /0	OATE			City or To	
=	21. SIGNATURE OF FUNERA			Holly	H1.			D ADDRES	1/9/		Ba.	Ltimo	ore M	ia.
	· R. T	IAAL	1 (0)	2000			Conr	nelly	Fur	neral l				
	23. PART I. Enter the di	seeses, or co	molications tha	t ceused the dea	ith. Do a	ot enter	the mo	Mace de of dyi	ng, such	Bali	or reapi	ratory an	rest.	Approximata
	shock, or he IMMEDIATE CAUSE (Fir	esit fellure. Li	only Dne csu	ise on each_line:	7									Interval Between Onset and Death
	disease or condition resulting in death													
- 1	7,000	•	DUE TO	(OR AS A CONSEO	UENCE OF):								
NO.	Sequentially list conditi		OUE TO	(OR AS A CONSEO	LIENCE OF	D.								
CERTIFICATION	If any, laading to immediate. Enter UNDERLYI	NG		(or no x condico	OLINOE OF	,.								
Ē	CAUSE (Disease or Inju that initiated events resulting in death) LAS		OUE TO	(OR AS A CONSEO	UENCE OF	7:								
5	readiting in death, LAS	d.,												
	PART II. Other significe	nt conditions	contributing to	deeth but not re	sulting I	n the un	derlylng	ceuse g	iven in i	Part I. 24a	. WAS AN	WTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL											PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC	/									_ ''	169 2			OF DEATH? 1 YES 2 NO
z I	DID TOBACCO U	SE CONTRI	BUTE TO CA	USE OF DEAT	H YE	S 🗆 I	10 D	UNC	ERTAIN					
₹ I	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)													
Š	1 TYES 2 NO		OSPITAL:	ER/Outpatient 3	□ DOA	OTHER		5 🗆 Res	sidence (8 Other (Sp	eclfy)			
PHYSICIAN:	27. MANNER OF DEATH	D	28a. DATE OF (Month, Di	INJURY ay, Year)	26b. TIME	OF	28c. INJI	JRY AT		28d. DESCRIE		JURY OC	CURED	
À	2 Accident	Pending investigation				М		ES 2	NO					
	3 Suicide 6 Could not be 4 Homicide detarmined 26e. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 26e. PLACE OF INJURY — At home, farm, street, fectory, office City or Rown, State) 281. LOCATION (Street and Number or Rural Route Number, City or Rown, State)								oute Number,					
	29a. CERTIFIER (Check only	IFYING PNYSICIA	N: To the best of	my knowledge, dea	th occume	d at the ti	me, date	and place.	and due t	to the councie	and many	ner en elet	ad	
COMPLET														and manner as stated.
Ö	2 MEDICAL EXAMINER: On the basis of examination and/of Trywestigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 290. LICENSE NUMBER 290. DATE SIGNEO/(Month, Day, Year)													
0		n	-61	Não)			D	42	729		>		95
٩	30. NAME AND ADDRESS OF	PERSON WNO	COMPLETED CAUS	SE OF DEATH (ITEM	27) (Type,	Print)	2	2	.//:-	194,	1 .N	7	100	
	31. DATE FILED (Month, Day,		32. REGISTRA	R'S SIGNATURE	eci	K	N.	114	Will	144,	140		1231	6
	JAN 1 01	995 🖟	in druck	er Rardall										



DNMH-16 Rev 1/89

		1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR	TMENT	T OF H	HEALTH AND	MENTA	AL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)	0.1				**	2. DATE	E OF DEATN	AY	YEAR	3. TIME OF DEATH
		Dorot		Hav	dt			/	G		5	513 P.
pp		217-09-6595	1 □ M 2 153xF 78	rs. last birthday) YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	10,	OF BIRTH	5	Country)	LACE (State or Foreign
2, 3 should	TOR	St. Agnes Hospital RESIDENCE OF DECEMENT	et and number)			town of 1tin	OR LOCATION OF D	EATN		9c. COUNT	Y OF DE	ATN
permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY	timore	10c. CIT	Y, TOWN	OR LOCA	TION					IOd. INSIDE CITY LIMITS? YES 2 NO
sit perm	RAL	100. STREET AND NUMBER 715 Maiden Choice	I am a CC210			10	f. ZIP CODE			1		IAT COUNTRY?
020 physician. burial-transit	FUNER		12. WAS DECEDENT EVER IN U.S	S. ARMED	13.	WAS DEC	21228 ENDENT OF NISPA	NIC ORIGI	N7 (Specify Ver	US		- American Indian.
9 g g	BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO NO	- II ×	It yes, sp	ecify Cuben, Mexico 2 NO Speci	an, Puarto				White, stc.
- 8 °	ETED.	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	a. DECEDENT'S (Give kind of a life. Do NOT us	work done			16	b. KIND OF BU	SINESS/INDU		
	COMPLI	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homem	aker				Own H	lome		
y the horbe detach	-	17. FATNER'S NAME (First, Middle, Lest) John Harman					18. MOTNER'S NA		Middle, Maiden	Surname)		
MARYL stained by should be	B	19a. INFORMANT'S NAME (Type/Print)					Anna I					
2 2 0 2	임	Catherine A. Keep	ers				and Number or Rurel					Md 21042
may X, pa		20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remov 4 Donation 5 Other (Specify)		ACE AND DATE OF A COMPANY OF A	OF DISPOS	SITION (Na	ame of	DAT	TE 20c. LO	cation – ci	y or Tow	n, Slate
ALTIMO death. Page 6 funeral direct		21. SIGNAPUNE OF FUNERAL SERVICE LICE			22.	NAME A	ND ADDRESS OF FA				<u> </u>	
0 = 0		Marade	m Itala	11000			ing Asht				d 2	1228
n 24 hours hy filled in thation, or red		IMMEDIATE CAUSE (Fine)	mplications that caused the only one cause on each Su burnet DUE TO (OR AS A CO	line.	not enter	the mo	de of dying, suc	h ss car	diec or respi	iratory arres	st,	Approximata interval Between Onset and Death
certificate be executed fing physician and comygiene prior to burial, other traumatic expenses.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF	AVI							HOURS
records, P. W. requires that the death of the signed by the attend it. of Health and Mental H shows any Injury, or		PART ii. Other significant conditions	contributing to death but r	not resulting	in the ur	nderlyin	g cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	6	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
has the Dept	SICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DEATH (Ch	eck only o	ge)			
_ F 2 2 5 I	Sic		IOSPITAL:	nt 3 🗆 DOA	OTHE!	R:	e 5 🗆 Residence					
PHYSICIAN: this certifica with the St.	РНУ	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM		28c. INJ	URY AT		SCRIBE NOW I	NJURY OCCU	RED	
2 5 5 5 2	ВУ	1 Natural 5 Pending 2 Accident Investigation			М	1 🗆 '	PRK? YES 2 NO					
28 in the state of	ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — i building, etc. (Specify)	Al home, farm, a	itreet, fact	lory, offic	•		CATION (Street a or Town, State)	and Number or	Rural Roo	rte Number,
7 70 =	COMPLE	29a. CERTIFIER 1 CERTIFYING PHYSICI. (Check onl) 2 MEDICAL EXAMINER:	AN: To the best of my knowledge On the peaks of examination and	e, desth occurre	nd at the t	lme, data opinion, d	and place, and due	to the ca	use(s) and mer	nner as stated	ceuse(a) a	and manner as stated.
E FUN With		296. SIGNATURE AND TITLE OF CERTIFIER	17/1				29c. LICENSE NUI					Aghth, Day, Year)
TO THE HOSPITA TO THE FUNERA De filed within 7.	TO BE	Named X	lakan	and			D3-	-	72	1/	6/	95
		David J.	Kahan	, m							1	
		JAN 1 () 1995	32. REGISTRAR'S SIGNATUR	RE								



DIVISION OF VITAL RECORDS, P.O. BOX 68760

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ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the host of ECIDR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.

The state of them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
- 6	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH	v . x	3. TIME OF DEATH	
	GEORGE 4. SOCIAL SECURITY NUMBER	GABRI		HEAD		JANU		, 1995		
	212-14-8102	1 ⅓ M 2 □ F 85	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	MARC	H 9,1		BIRTHPLACE (State or Foreign Country) PARIS TEXAS	
TOR	90. FACILITY NAME (If not Institution, give street and number) NORTH ARUNDEL HOSPITAL ASSOCIATION RESIDENCE OF DECEMENT 90. CITY, TOWN OR LOCATION OF DEATH A.A. COUNTY A.A. COUNTY									
DIRECTOR	10a. STATE 10b. COUNTY	, ARUNDEL		TOWN OR LOCAT EN BURN					10d. INSIDE CITY LIMITS?	
	1									
FUNERAL	7859 CRILLEY RO				21060			USA		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spi	ENDENT OF HISPAI Incity Cubert, Mexica 2 NO Specif	in, Puerto Ri	(Specify Yes can, etc.)	or No— 14	. RACE — American Indian, Black, White, etc. Specify: WHITE	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	SUAL OCCUPATIO	IN et al wadda	16b.	KIND OF BUS	INESS/INDUS		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	DRIVER	rk done during mo: retired.)	st or working		BUS			
BE CO	17. FATHER'S NAME (First, Middle, Last) THOMAS F	HEAD	112		MAUDIE		iddle, Maiden : E .	Surname) BURN	NS	
10 E	190. INFORMANT'S NAME (Type/Print) MARY ELIZABETH HE	AD			Y ROAD G					
	20e. METHOD OF DISPOSITION 1		PLACE AND DATE OF			1/10/			y or Town, State RE, MARYLAND	
		Ting Jr		STAL	LINGS FU	JNERAL	HOME	P.A.	MD 21122	
CERTIFICATION	23. PART I. Enter the diseasea, or cehock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.	DUE TO (OR AS A	the deeth. Do no ch line. TO CUL CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF:	a Az			ac or reapir	etory arrest	Approximate Interval Between Onset and Death	
- 11	resulting in death) LAST	J								
Distriction of Deaths To CALIFE OF DEATH VES TO NO TO HINGS DE 20 NO TO DESTRUCTION DO OF DEATHS							24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
HYSICIAN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
ŽŽ	1 YES 2 NO 1 Normalient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
27. MANNER OF DÉATH 1 Natural 5 Pending 2 Accident Investigation 28. DATE OF INJURY (Morith, Day, Year) 28. DATE OF INJURY WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO							ED			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, term, street, tectory, office City or Town, State) 28i. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Rural Route Number,		
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner es stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner es stated.									
TO BE O	396. SIGNATURE AND TITLE OF CERTIFIER	NY PH	ENDING 14 ICIAN		D-40				GNED (Morith, Day, Year)	
	MAHESH S OCHANEY,	M.D./7845 O/	AKWOOD RO	AD/SUIT	E 200/GL	EN BU	JRNIE/	MARYL	AND 21061	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT						:		

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	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should b	with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal,
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CORPORATE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2. REGISTRAR'S SIGNATURE

mo

LANDOVER

After 1

TO THE PORT

Item # 4 Film # G 719 1-23-95 N.A. Per funeral Home 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1995 Sherry Hyde January 6:30 A. 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN BIRTNPLACE (State or Foreign Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. (Month, Day, Year) eb 28 212-68-1781 12-68-1764 DAYS HOURS 1 - M 2 X F YRS. 41 Feb 1953 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4916 Muskogee St. College Park Prince George 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George Greenbelt 1 N YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 71 H Ridge Road 20770 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HO IF YES, GIVE WAR OR DATES WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 YES 2 NO Specify: Speally: White BY 3 Widowed 4 Divorced 읍 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe E Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Stanley Levin Jacqueline Fedder BE 190. INFORMANT'S NAME (Type/Print) Michael L. Hyde 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 0 Michael Hyde 71 H Ridge Road Greenbelt Md. 20770 20a. METHOD OF DISPOSITION

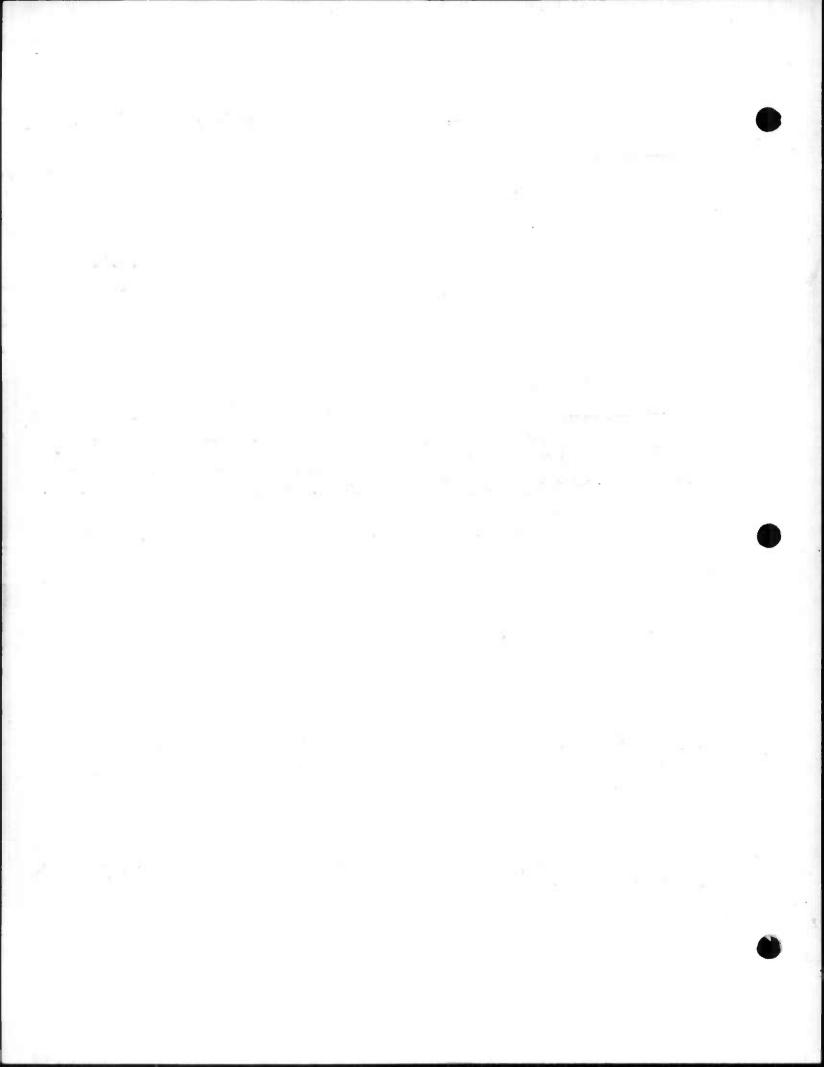
1X Burial 2 Cremation 3 Rem 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Blate emetery, crematory or other place)
King David 1-3-9 Falls Church Va. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22046 Ives-Pearson Funeral Homes 472 N. Washington St Falls Ch. Va. 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert fellure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finsi Onset and Death disesse or condition CAWCER BREAST YRS resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 TYES 2 NO OF CEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\square\) NO \(\square\) UNCERTAIN \(\square\) PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 A Natural 84 1 YES 2 NO BY 2 Accident investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 03 6 Could not be 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

01821

20785

CUD

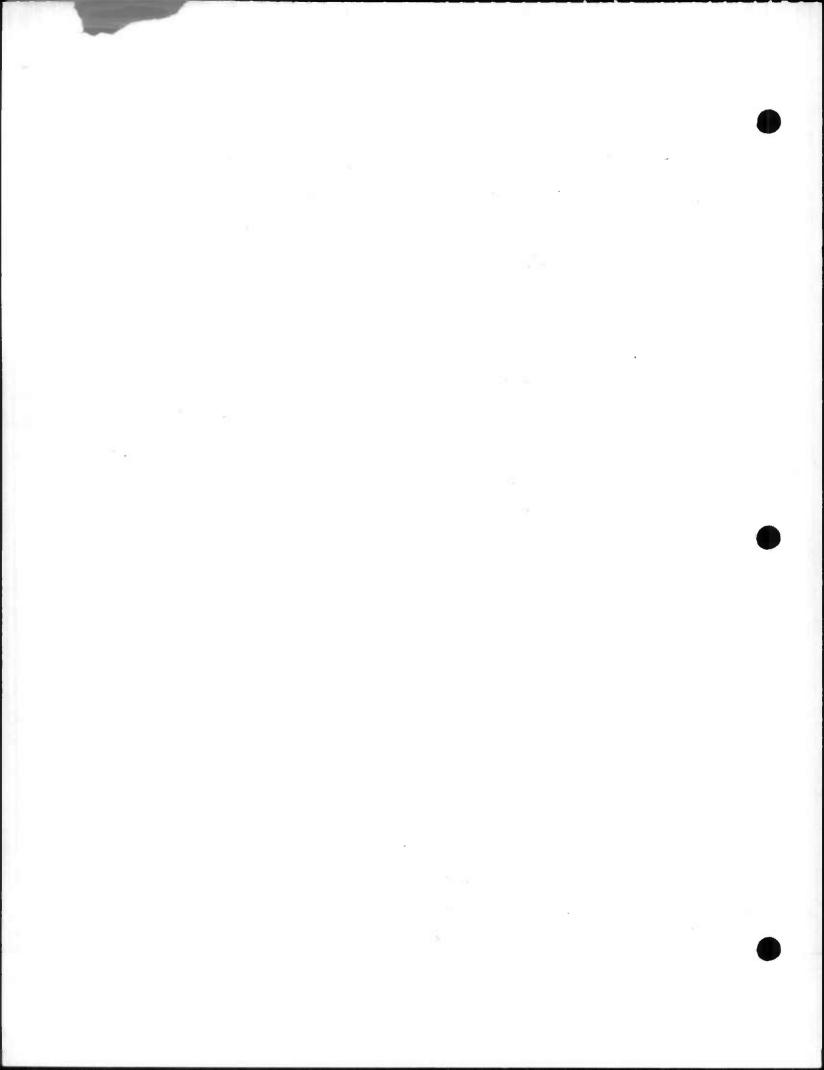
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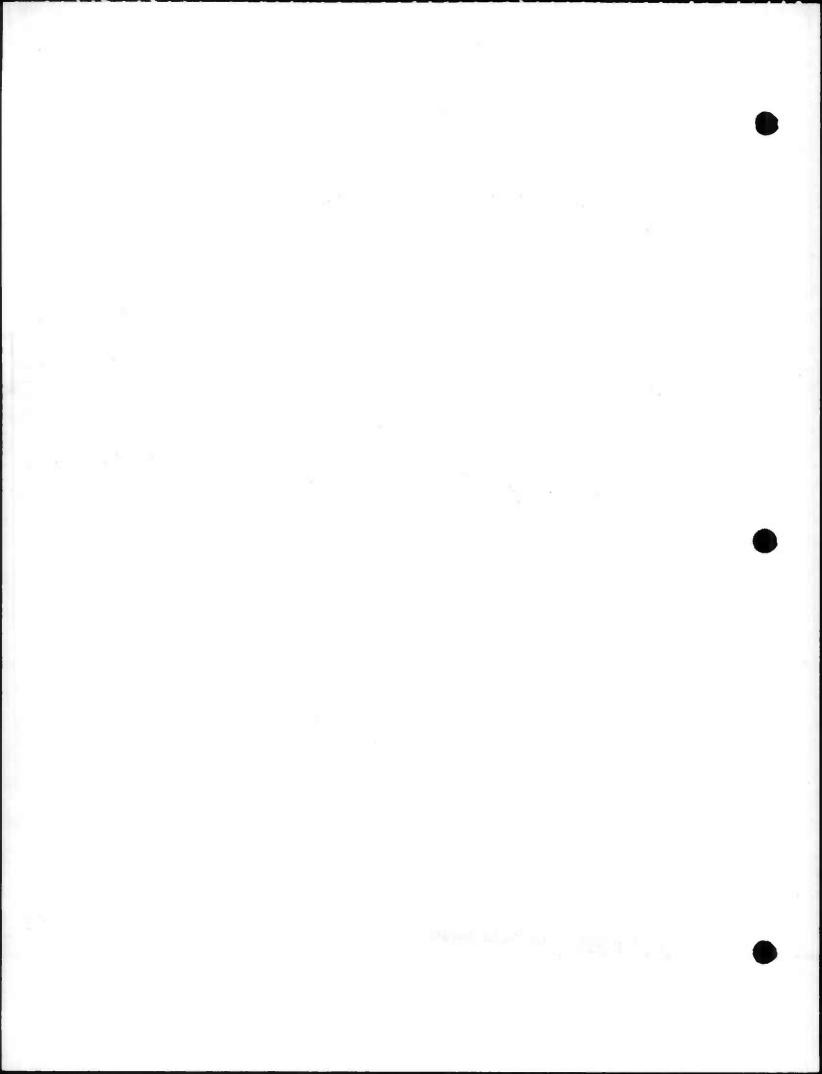
DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	- 3	1. DECEDENT'S NAME (First,	fillelette desett									LG. 140.		_		
			_			_	_				2. DATE OF C	DAY	0.5	YEAR	3. TIME OF DEATH	
	1	Allen		ay			cks		Sr.		Jan.		95		М	
		4. SOCIAL SECURITY NUMB		5. SEX		rs. lest birthday)	IF UNE	DER 1 YEAR		Mille	7. DATE OF B (Month, Day	(. Year)	8. BIRT		IPLACE (State or Foreign	
D	1	310-52-292		1 X M 2 D F		15 YRS.	- HONTING	DATS	.TOURS		March3	1,19	49	ín.		
3 should	_	9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CI		OR LOCATIO		ATH		9c. COU	NTY OF D	EATH	
2,3	DIRECTOR	805 Ros		e Ave.				Ва	ltim	ore						
, _	5	RESIDENCE OF DEC	EDENT 10b. COUNTY	,		T del co	TV =0	N 02 / 2-	4710**							
Page	뿔	Md.	IUB. COUNTY	Baltim	ore	10c. CI	IY, TOW	N OR LOC	ATION	D-	ltimor	.0			10d. INSIDE CITY LIMITS?	
mit.				Daltill	OT G						TOTHOL				1 TES 2 NO	
ued a	IA!	10s. STREET AND NUMBER						1	10f. ZIP CODE		_				WHAT COUNTRY?	
burial-transit permit. Pages 1,	FUNERAL	805 Rosed	ale Av							2123	37		U	SA		
rial-t	5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 17	T EVER IN U.S	S. ARMED	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (S) NO If yee, specify Cuben, Maxican, Puerto Rican						or No-	14. RACE	E — American Indian, k, White, atc.	
The specify Cuben, Maxican, Puarto Rican, etc.) If YES, GIVE WAR OR DATES If YES, 2 NO If yes, specify Cuben, Maxican, Puarto Rican, etc.) If YES, 2 NO If YES, 2 NO If Yes, specify Cuben, Maxican, Puarto Rican, etc.) Section 1 Nover Married 2 Maxican, Puarto Rican, etc.)										Speci	cth:					
as th	ED B			NATION .	-										White	
nse	ETE	(Specify only	highest grade	completed)		 DECEDENT*: (Give kind of life. Do NOT (work don	ne durina n	TION most of workin	g	16b. KINI	D OF BUSI	NESS/IND	USTRY		
ğ		Elementary/Secondary (0	•)						M- 7	lun	20.00	- L	m Nash ha wite-			
detached once.	COMP	12th		Med	chan	ic		-			_	at10	nAuthority			
	8	17. FATHER'S NAME (First, MI		adrees							ME (First, Middle en Walk		lumame)			
old be	BE			ackson			_		1							
5 should notified	0	19a. INFORMANT'S NAME (7)									loute Number, C					
ر م ا		Deborah J				805	Kos	sedal	e Ave	. Ba	ltimor	e Md	• 21	231		
filled in by the funeral director, page on, or removal. he medical examiner must be		20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramovat from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)										ATION —	City or To	wn, Slata		
irect.		4 Donation 5 Donate	(Specify)			Lawn			y 1/	9/95		Ba1	itmo	re M	ſd.	
iner		21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE		11	2	22. NAME	AND ADDRES	S OF FAC	DILITY					
fune xam		▶ K T	111	11(gtg #1	11.					al Hom				1	
y the		23. PART i. Entar the di	SORSON DE C	ombligations the	Church th	death	13	SUU M	ace A	ve.	Baltin	ore	MQ.	2122		
or rer		shock, or he	eart fallure. I	let only one ceu	se on eeq	Hirm.	one one	cer ula M	inge ni gyli	ng, suci	as cerulec	nt tesbirs	mory err	est,	Approximata interval Between	
y filled thon, o		iMMEDIATE CAUSE (Fin	ei	1	1-	Λ <i>l</i> .	,		1.		/	. /			Onset and Death	
npletely fille cremation, vent, the		resulting in desth)	→ ,	HCU	te	IVON	1-4	-41	DO y Ole	4/1	c L	cute	mi	N	10 mbs	
2 - 6		disease or condition resulting in death) e. $ACUAE NON-Lympholytic Loukemin 10 m$ Due to (OR AS A CONSEQUENCE OF):														
ng physician and completely glene prior to burial, cremati other traumatic event, the	N	Sequentially list conditi	ons,)	(AB 15 : -											
or to	Ě	if any, leeding to immed cause. Enter UNDERLYI	diete	DUE TO	(OH AS A CO	NSEOUENCE I	IF):									
by the attending physician and Mental Hygiene prior to injury, or other traun	RTIFICATION	CAUSE (Disesse or inju		Due To	(OR 45 4 00	NSEQUENCE (MEN.									
oth oth	Ē	thet initiated events resulting in daeth) LAS		DOE 10	On As A CO	THEOUENUE (w):									
ittendi tal Hy	CER	,	-	1												
ed by the att th and Menta any injury,		PART il. Other significe	nt condition	e contributing to	death but r	not resulting	in tha	underlyi	ng ceuse a	iven in	Part i. 24s.	WAS AN A	UTOPSY	24b.	. WERE AUTOPSY FINDINGS	
and in	MEDICAL							,				PERFORM	IED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
Health a											10	YES 2	LMO		DF DEATH?	
of H	Σ	DID TOP 4 CCC **	CE COL	UDULTE TO C'		N									1 - YES 2 - NO	
23	A I	DID TOBACCO U		KIRNIF 10 CV						ERTAIN	4 🗆 📗					
State C	PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		PLACE OF DE	OTH		0)	/_						
	YS	1 TES 2 NO		1 Inpatient 2			4 🗆 N	lursing Ho		sidence	6 Other (Spe					
DIRECTOR: After this certil hours after death with the item 28 is marked, or	품	27. MANNER OF DEATH	Donall	28a. DATE OF (Month, Di		28b. TII	ME OF JURY	28c. IA	NJURY AT VORK?		28d. DESCRIB	E HOW IN.	JURY OCC	URED		
After this death with marked.	Æ		Pending nvestigation				М	1 🗆	YES 2	NO						
er de	9	3 Sulcide 8 🗌	Could not be	28a. PLACE Of building,	F INJURY I	At home, Jarm,	street, fa	actory, off	lica		28I. LOCATION		d Number	or Rural R	Route Number,	
DIRECTOR: hours after tem 28 is		4 Homicide	jetarminad													
hours	7 1	29a. CERTIFIER 1 CERT	IFYING PHYSIC	CIAN: To the best of	my knowledg	e, death occur	red at the	e time, da	ta and placa.	and dua	to the cause(s)	and mann	er as state	ed.		
) and manner as stated.					
불물호	The second of th											(Month, Day, Year)				
2 8 ₹	9	20 NAME AND ADDRESS OF	PEDECH WIT	ww	we	/ INTERNAL 22 IF	0.7.11		12		- /		- /	16	144	
,		30. NAME AND ADDRESS OF	/ A	COMPLETED CAUS	E OF DEATH			,	, ,	0.			/	3-		
6		///chas	Mu	ERBACH	4,90		RA	NKI	in.	594	inre,	2	12	3+		
		31. DATE FILED (Month, Day,		32. REGISTRA		RE				,						
l		JAN 1 0 19	195 A	We without	ermando	146									70	
			100												DHMH. 18 Rev 1/89	



4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 90. FACILITY NAME IN the substance and number) 91. CITY, TOWN OR LOCATION 92. COUNTY OF DESTRICT OF DESTRETATION 100. STATE 100. STREET AND NUMBER 100. STREET AND NUMBER 100. CITY, TOWN OR LOCATION 100. STREET AND NUMBER 100. CITY, TOWN OR LOCATION 100. STREET AND NUMBER 100. CITY, TOWN OR LOCATION 100. STREET AND NUMBER 100. CITY, TOWN OR LOCATION 100. STREET AND NUMBER 100. CITY, TOWN OR LOCATION 100. STREET AND NUMBER 100. CITY, TOWN OR LOCATION 100. STREET AND NUMBER 100. CITY, TOWN OR LOCATION 100. STREET AND NUMBER 100. CITY, TOWN OR LOCATION 100. STREET AND NUMBER		
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE RESIDENCE OF DECIDENT 10b. STATE 10b. COUNTY 10c. STREET AND NUMBER 10d. CITY, TOWN OR LOCATION 10d. STREET AND NUMBER 10d. CITY, TOWN OR LOCATION 10d. STREET AND NUMBER 10d. CITY, TOWN OR LOCATION 10d. CITY, TOWN OR LOCATION 10d. CITY, TOWN OR LOCATION 10d. CITY, TOWN OR LOCATION 10d. CITY, TOWN OR LOCATION 10d. CITY, TOWN OR LOCATION 10d. CITY, TOWN OR LOCATION 10d. CITY, TOWN OR LOCATION 10d. CITY, TOWN OR LOCATION 10d. CITY, TOWN OR LOCATION 10d. CITY, TOWN OR LOCATION	3. TIME OF DEATH	
96. FACILITY NAME IN THE STATE OF DECEDENT 106. STATE 106. STREET AND NUMBER 96. COUNTY OF DECEDENT 106. STREET AND NUMBER 107. ZIP CODE 108. CITY, TOWN OR LOCATION 109. CITY, TOWN OR LOCATION 109. CITY TOWN OR LOCATIO	PLACE (State or Foreign	
10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. CITIZEN OF WI	ATH	
W 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WI	10d. INSIDE CITY LIMITS?	
	1 X YES 2 NO	
The state of the s	- American Indian, White, etc.	
IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:	rck	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. KIND OF BUSINESS/INDUSTRY 16. DECEDENT'S USUAL OCCUPATION (Give kind of work doze during most of working) 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY		
4 9 5 6 0 17. FAITHER'S NAME (First, Middle, Majden Sumame)		
THE MAILING ADDRESS (Smell and Mulipber or Rural Route Number, City or Town, State, Zip Code)	21206	
METHOD OF DISPOSITION	rn, State	
	DE P.A.	
23. PART I Entry the diseases, by complications that caused the death. Do not enter the mode of dying such as cardiac as precipitations and	Approximate	
MMEDIATE RAUSE (Final disease phonodition AC 01/10 Th	Interval Batween Onset and Death	
A solution and a solu		
S S S S S S S S S S S S S S S S S S S		
L E 8 _ 0 M		
PART II. Other significant conditions contributing to death but not resulting in the undarlying causa given in Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE	
8 5 5 2 2	OF DEATH? 1 YES 2 NO	
28. PLACE OF DEATH (Check only one)		
M 1 VES 2 NO		
2 Accident Investigation 3 Suicide 8 Could not be determined 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)	oute Number,	
29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one)		
Check only one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (6) 29d. DATE SIGNED (7)	11 11 11 11 11 11 11 11 11 11 11 11 11	
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) R. KRISHNAN, M.D. 821, N, EVTAW ST #305 BATTIMORE M	7-7-5	
31. DATE FILED (Month, Day, Year) AND 1 0 1995 Jan 1 0 1995	W 40201	



TO THE HIGHMU, OR ATENDING PHYSICIAN. The law majores that the death certificate be executed within 74 hours after death. Page 6 may be retained by the historian.

TO THE FUNETAL DIRECTOR After this certifician has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after chariff with the State Days of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If then 28 is marked, or then 23 shows any injury, or other traumatic event, the medical examiner must be neitfied at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

00345 95

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE (OF DEATH		3. TIME OF DEATH			
	John Felix 1	Kwiatkowski				Janu	DA	1995	12:30 A M			
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH	6.	BIRTHPLACE (State or Foreign			
2	16-07-2205 9a. FACILITY NAME (If not institution, give s		73 YAS.	NTHS DAYS	HOURS MIN.	Jui	Day, Year) 18 2,	1899	Poland			
DIRECTOR	Caton Manor Nurs			Baltimo	OR LOCATION OF D	EATH		ec. COUNTY Ba	ltimore City			
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	γ	100 CITY T	OWN OR LOCAT	ION							
E		ltimore City			37				10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	comore cong	B	altimor	ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL				101	21223			USA				
2	1703 Wilkens A	12. WAS DECEDENT EVER I										
	1 Never Married 2 Married	FORCES? 1 YES	2)(XNO	If yes, spe	ENDENT OF HISPA ecity Cuban, Maxico	en, Puerto Ri		or No- 14.	. RACE — American Indian, Black, White, atc.			
B	3 V Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2X XNO Specify: Specify: Whit											
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	UAL OCCUPATION	DN .	16b.	KIND OF BUS	HNESS/INDUS				
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo- tired.)	st of working	1.00		Market Control				
릴	12		self em	ployed		カ	etail					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mi	iddle, Maiden	Surname)				
BE	Felix Kwiatkou	vski			Valer	ia St	aiokv.	iak				
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING AD	DRESS (Street a	nd Number or Rural	Route Numbe	or, City or Town	n, State, Zip Co.	de)			
F	Mary Jane Chamb	ers	442 G	lyndon	Dr. Rei	sters.	town,	MD 2	1136			
20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City of Town, Sis												
	4 Donation 6 Other (Specify)		carroll Cr	emation	1 1/9/9	5	Har	npstea	d, MD			
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE		22. NAME AN	D ADDRESS OF FA	CILITY	1182	1 Dois	terstown Rd.			
	Kam D	line		TOS	T	11						
	23. PART I. Enter the diseases, or	complications that cause	d the death. Do not	enter the mo	de of dylna, auc	h aa cardi	ec or read	retory arrest	wn, Md. 21136			
į	ahock, or heart feilure.	List pnly one cause on e	ach line.		,,		oo or roup.	atory arrest	Interval Between			
	Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death											
l	a. A there sclerolic Condition Variables disease DUE TO (OR AS A CONSEQUENCE OF):											
z	typestens cm											
임	Sequentially list conditiona, if any, leading to immediate	DUE TO OR AS	CONSEQUENCE OF):									
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	c										
	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):									
CERTIFICATION	resorting in death) Exa	d										
	PART II. Other algnificant condition	na contributing to death t	out not reaulting in t	he underlying	cause given in	Part I.	24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
SAL		entia					PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDI						_	1 NES 2	□ NO	OF DEATH?			
	DID TOBACCO USE CONT	RIBLITE TO CALISE C	DE DEATH YES		LINCEDTAIL				1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH		OITCERIAII							
SEC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outs		THER:	5 🗆 Residence	e 🗆 Other	(0					
Ť	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O	F 28c, INJI				JURY OCCUR	FD			
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 Y					3 (
	3 Suicide 6 Could not be	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	t, factory, office		28f. LOCAT	TION (Street a	nd Number or F	Rural Route Number,			
E 1	4 Homicide determined	bunuing, etc. (Spot	ury)			City or	Town, State)					
2	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	ledge, death occurred a	the time, data	and place, and due	to the coun	e(e) and man	ner se steted				
COMPLETED		R: On the basis of examination							euse(s) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI							
BE	()5	sall.			D175		I		GNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	nt)			4					
	DR DARSHAN. S.	SALUA MO	1600 W.	MOUN	7 Roj	jal 1	fue, 6	Balto	21217			
	JAN 1 0 1995	32. REGISTRAR'S SIGN	ardall									

DHMH-16 Rev 1/89

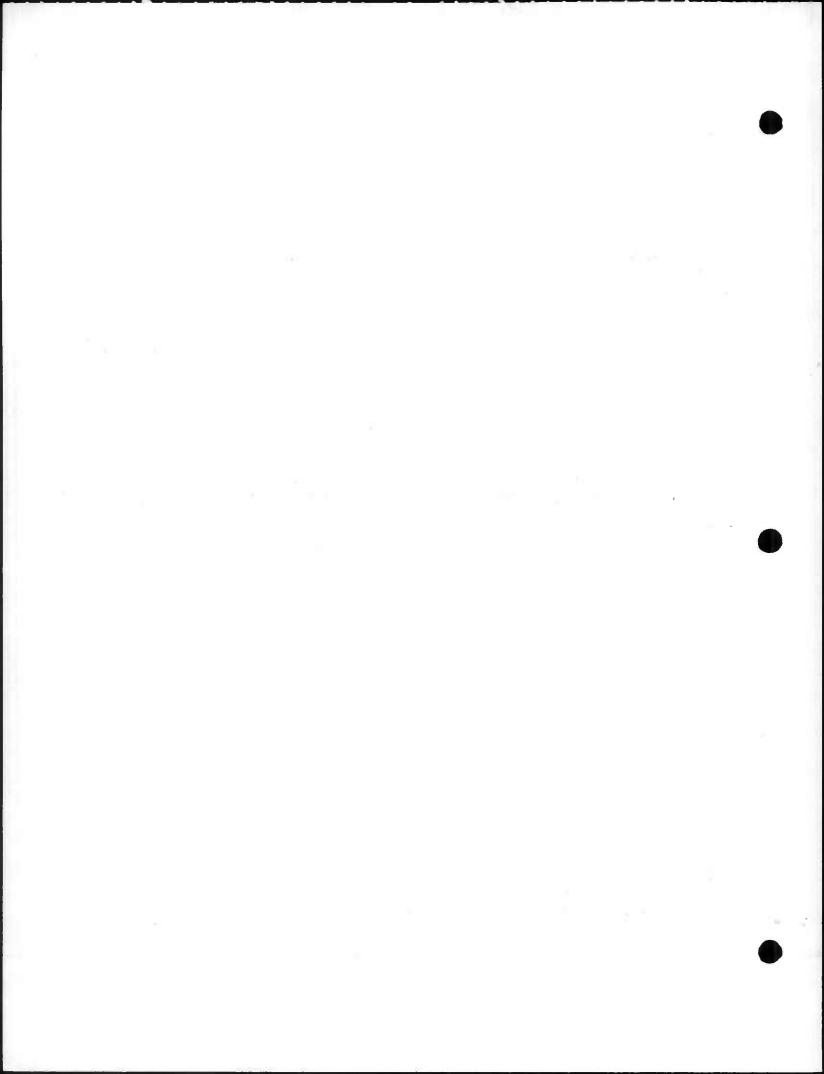
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the retained by the state of the search of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be not ster death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

If them 28 is marked, or tiem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND	MENTAL	HYGIENE REG. NO.	Ē				
	1. DECEDENT'S NAME (First, Middle, Last)				J. J.L.	2. DATE O		,	YEAR	3. TIME OF D	EATH	
	DR. SIDNEY	KOBF				JAN.	5, 1	995	TLAN.	2:50	P. M	
	4. SOCIAL SECURITY NUMBER 138-14-2966	5. SEX 8. AGE ('In yrs. last birthday) YRS.	MONTHS DA	EAR IF UNDER 24 HRS. NYS HOURS MIN.	7. DATE OF	F BIRTH Day, Year)	ŀ	8. BIRTNPLACE (State or Forei Country)			
- 8	9a. FACILITY NAME (If not institution, give s		rns.	ah CITY TO	WN OR LOCATION OF D		.7,190			CAROLI	NA	
E E	8215 SCOTTS LEVEL	,			TIMORE	CAIH		9c. COUNTY OF DEATH BALTIMORE				
5	RESIDENCE OF DECEDENT											
DIRECTOR	MARYLAND BALT	IMORE		TY, TOWN OR L LTIMORI				10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER				101. ZIP CODE			10a. CITIZ	ZEN OF W	1 YES 2	71	
FUNERAL	8215 SCOTTS LEVE	L RD.		21208					USA			
F.	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		DECENOENT OF HISPA s, specify Cuban, Mexic			or No-	14. RACE Black	— American I	ndlen,	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES		YES 2 KNO Speci	,				white		
ED	15. DECEDENT'S EDUC									AALITIE	·	
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COMPLETED		JT	PROFES	SOR/WR					TE C	NATA •		
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BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	reet and Number or Rural	Route Number	City or Town	State, Zip	Code)			
٩	MRS REVA KOBRE		8215	SCOTTS	LEVEL RD.	BAL	10. , M	1D 2	1.208	3		
	200 METNOD OF DISPOSITION 1 🖰 Burlel 2 Cremation 3 🗆 Rami		. PLACE AND DATE		N (Name of	OATE	20c. LOC	ATION - C	City or To	wn, State		
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	Sul a TIF	till.			LEVINSON &		, INC					
\dashv	Myany - V	uccuon	About the Do	5010	REISTERTO	WN RD	. BAI	.O.,	MD	21215		
	Approximation diseases or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, interval Bellonses or condition resulting in death) Due to (or as a conscouence or):											
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST											
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MEDICAL	PART II. Other significent condition	e contributing to deeth be	ut not reaulting	in the under	lying ceuee given in		4a. WAS AN A PERFORM	AED?	24b.	WERE AUTOPS AVAILABLE PRI- COMPLETION CO OF OEATN? 1 YES 2 [OR TO OF CAUSE	
Ä	DID TOBACCO USE CONTI					N 🗆						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	20. PLACE OF DEA	OTHER:								
HYS	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp 28s. DATE OF INJURY	atient 3 DOA		Nome Residence		Specify)	IIIIIV OCC	HIDEO			
	1 Natural 5 Pending	(Month, Day, Year)	IN.	JURY	WORK?	Zed. DESC	HIBE HOW IN	JUNY OCC	UHEU			
TED BY	2 Accident Investigation 3 Suicida e Could not be 4 Nomicide datermined	26a. PLACE OF INJURY building, atc. (Spec	26e. PLACE OF INJURY — At home, farm, streaf, factory, office building, atc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED		CIAN: To the best of my knowl R: On the bests of axamination) and menner a	e stated.	
H	29b. SIGNATURE AND TITLE OF CERTIFIER	Toles	u		29c. LICENSE NU	MBER 317		29d. DATE	SIGNED	(Month, Day, Va	7	
0	30. NAME AND AGORESS OF PERSON WHO	Court	The Ten 27 (Type	Print)	(cesvi)	Je.	my		1	1		
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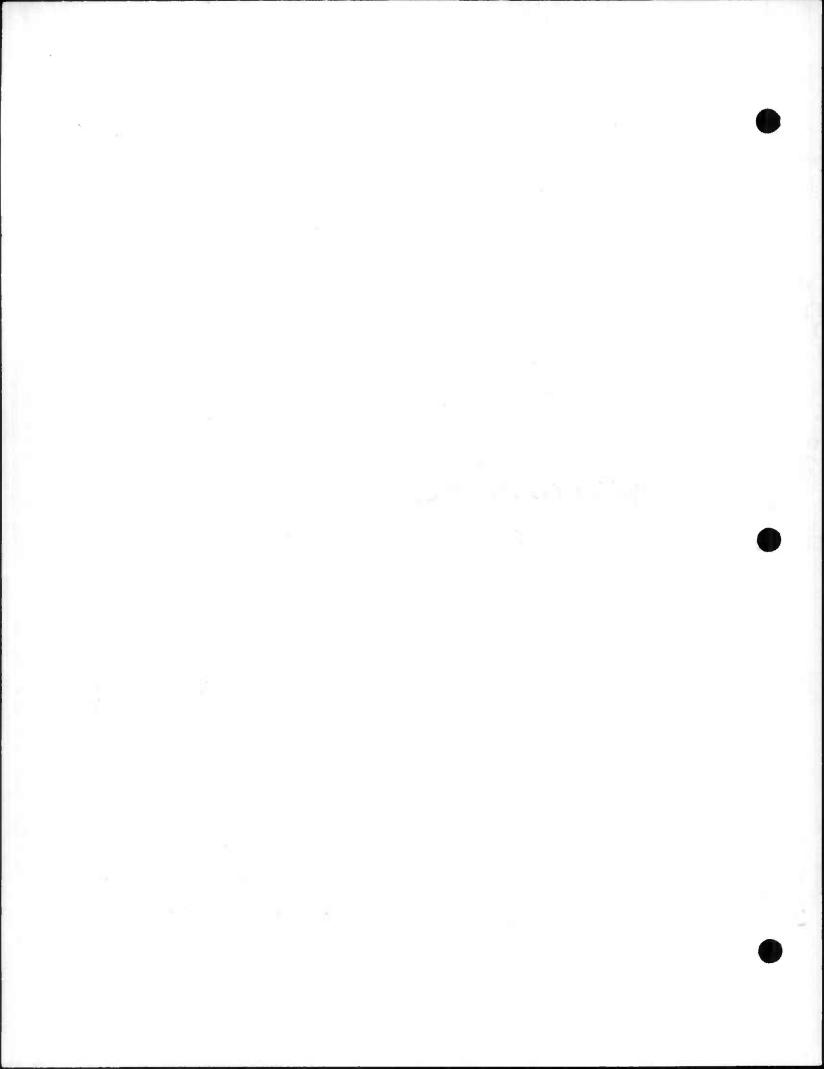
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FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JAN TERRANCE D. KNIGHTON 5:02 Pu 4. SOCIAL SECURITY HUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8/23/40 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 XM 2 - F 54 216**-**26-7942 **Virginia** West Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CHURCH HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore permit. 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? completely filled in by the funeral director, page 5 should be detached for use as the burial-transit South Castle Street 21231 USA Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yes or No-II yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: White BY 1 TYES 2 NO Specify 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIHD OF BUSINESS/IHDUSTRY (Specify only highest grade COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 8th. Longshoreman Shipping 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname notified at BE John H. Knighton Catherine Beard 19a. INFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Dorothy Krighton 32 S. Castle St. Baltimore, Maryland 21231 e 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 1 Burial 2 Cremstion 3 Ramoval from State
4 Donation 5 Other (Specify) cametary, crematory or other place) Greenmount Crematory 1/12 Baltimore, Maryland medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. HAME AND ADDRESS OF FACILITY David J. Weber Funeral Homes 401 S. Chester St. Baltimore, Maryland 2123 23. PART VEnter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heert fallure. List only one ceuse on each line. Interval Between 6 IMMEDIATE CAUSE (Finel Onset and Death the disease or condition DUE TO (OR AS A CONSEQUENCE OF) resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 signed by the attending physician and con Health and Mental Hygiene prior to burial, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury, PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 HO YES 2 NO t. of I DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: OH ATTENDING PHYSICIAN: The law this certificate has by with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMIHER?** HOSPITAL: YES 2 HO OTHER: 1 Inpatient 2 X ER/Outpatient 3 I DOA ng Home 5 - Residence 6 - Other (Specify) 0 27. MANHER OF DEATH marked, 28s. DATE OF IHJURY (Month, Day, Year) 28b. TIME OF 28c. IHJURY AT WORK? 28d. DESCRIBE HOW IHJURY OCCURED 1 Matural **IHJURY** м 1 YES 2 NO DIRECTOR: After the ВУ 2 Accident 28e. PLACE OF IHJURY — At home, farm, street, factory, office building, atc. (Specify) 49 3 Suicide 281. LOCATIDH (Street end Number or Rural Route Number, City or Town, State) ETED 8 Could not be determined 22 4 Homicide 29a. CERTIFIER
(Chack only)

1 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. BE COMPL (Check only one) MPDRUANT-IL 2 MEDICAL EXAMIHER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICEHSE HUMBER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED QUISE OF DEATH (ITEM 27) (Type, Print) JAN 8,1995 O.C.M.E. 2 TEO DORE 111 Penn Street, Baltimore, Maryland 21201 Mik 31. DATE FILED (Month, Day, 0 1995

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-bransit permit. Pages 1, 2, 3 should		
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF OFATH 95 a OI Edith ERNAN 08 4:45 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) DAYS HOURS 179-03-7864 PENNSYLVANIA 1 M 2 X F 77 YRS. 17 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF DEATH DIRECTOR ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDET, RESIDENCE OF DECEDENT 10b. COUNTY 10s. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL SEVERNA PARK 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 277 RIVERDALE ROAD 21146 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. Never Married 2 Married BY Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EOUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM MYERS MINNIE HILL BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) DONNA L. QUINN 277 RIVERDALE ROAD-SECERNA PARK, MD. 21146 20s. METHOD OF DISPOSITION
1X Burial 2 Cremetlog 3 | Ne 20b. PLACE AND DATE OF OISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE 4 Donation 5 Other Specify MEADOWRIDGE CEMETERY 1/12 ELKRIDGE . MD . 22. NAME AND ADDRESS OF FACILITY neuro RAYMOND C. FINK FUNERAL HOME 2106 426 CRAIN HWY.S.W.GLEN BURNIE, MD. 21061 as 23. PART i. Enter the diseases, or complications that caused the de shock, or heart failure. List only one cause on each line. complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate Interval Between IMMEDIATE CAUSE (Final **Qnset and Death** disease or condition ABCETE ISLAIN W resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If any, leading to Immediate cause. Enter UNDERLYING coam CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 acene PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 TES 27 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 XNO Inpatient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO Natural 5 Pending 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide determined CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner se stated. 29d. DATE SIGNED (Month, Day, Year) 296. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER BE 1-8 ca 15 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) MASJA-GORDON-205 Ridgel ANNAPOZIS

32. REGISTRAR'S SIGNATURE

in Devoler Randall

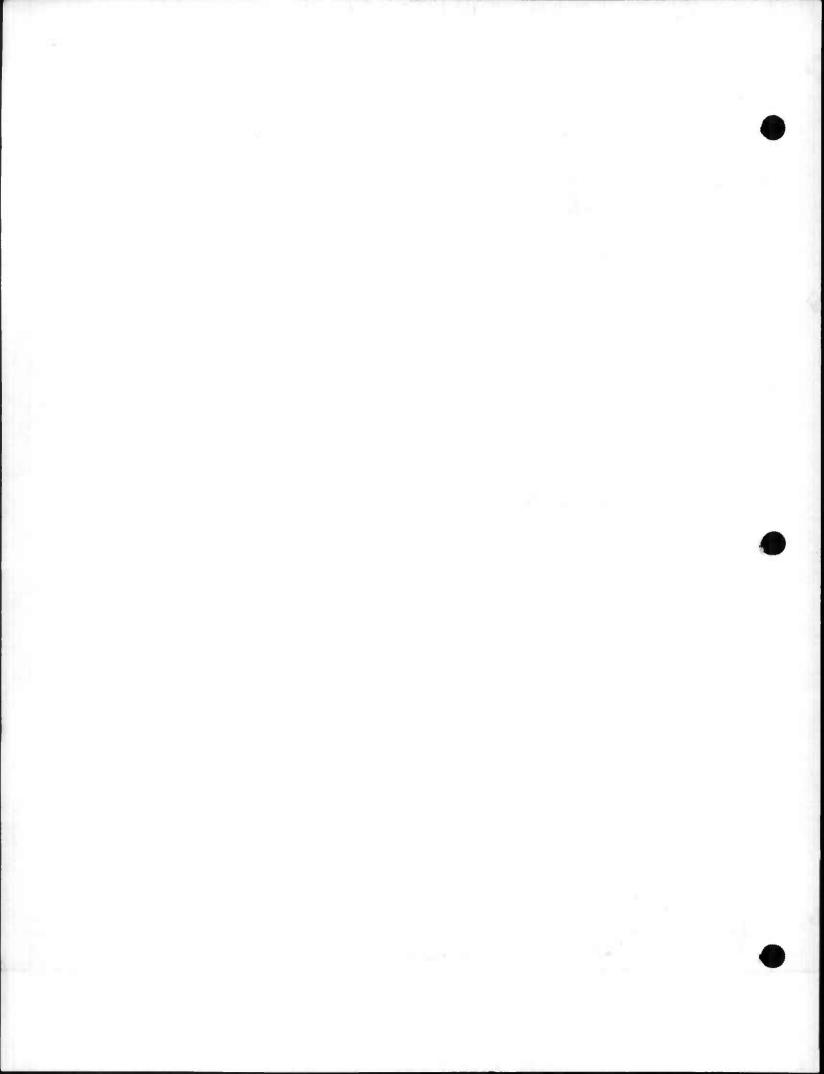
31. DATE FILED (Month, Day, Year)

0 1995

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 8, 1995 ELSTE FRETDA MINNIE **KRAUS** JANUARY 1:00 A. M 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign APRIL 11, 1907 NEW YORK 115-24-9317 1 M 2 X F 87 permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR CROFTON CONVALESCENT CENTER CROFTON ANNE ARUNDEL RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND ANNE ARUNDEL MILLERSVILLE 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 230 KEITH COURT 21108 U.S.A. as the bunal-transit ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Marri IF YES GIVE WAR OR DATES 1 - YES 2 X NO Specify Specify: BY 3 X Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY esn ò entary/Secondary (0-12) College (1-4 or 5+) detached f 8th NONE BEAUTICIAN SALON once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) OTTO YUNKER SOPHIE 8 70 RAUCH BE notified page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 MARILYN SPLETZER 230 KEITH COURT, MILLERSVILLE, MARYLAND 21108 pe METHOD OF DISPOSITION
Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION — City or Town, State must funeral director, THE LUTHERAN CEMETERY Donation 5 Other (Specify) 199 MIDDLE VILLAGE, N.Y. 5 the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME ysician and completely filled in by the prior to burial, cremation, or removal. SECOND AVE. S.W., GLEN BURNIE, MD 21061 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition 3 days neumonia HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) traumatic Lema CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST 6 PART II. Other algorificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the AMAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 TYES 2 HO OF DEATH? 1 TYES 2 LNO t. of h has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 10 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending 1 YES 2 NO BY After death 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 80 6 Could not be DIRECTOR: / COMPLETED 4 Homicide 28 Tem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL (TO THE FUNERAL DE SE filed within 72 he IMPORTANT; If It (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29d. DATE SIGNED (Mg/th, Day, Year) BE 29c. LICENSE NUMBER D35848 8195 my 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Gambrills mo 21054 1/2 5mD 1438De Fense Hu 32. REGISTRAR'S SIGNATURE alin Devoluer Ra



BALTIMORE, MARYLAND 21215-0020

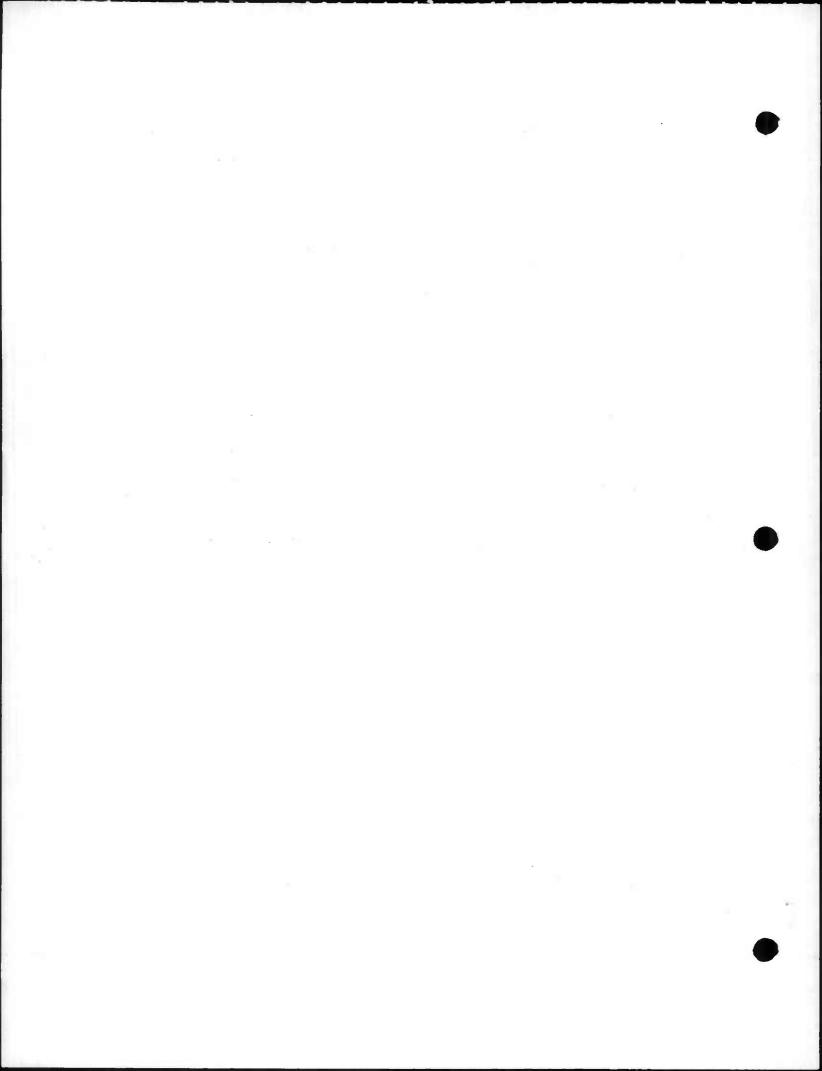
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR	CI	ERTIFIC	CATE O	F DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATN		3. TIME OF DEATN		
	MARION W. KASPRZAK					MONTH	DAY	YEAR	6:45 a M		
		6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF	6 199 BIRTH	\$. BIRT			
	216-30-9321 1⊠ м 2 □ ೯	60		ONTHS DAY		Sent	14,193	4 Coun	NPLACE (State or Foreign try). Md		
	9e. FACILITY NAME (If not institution, give street and number)			Bb. CITY. TOW	N OR LOCATION OF D			COUNTY OF I			
<u>۳</u>	4002 Ardley Avenue			imore							
8	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d										
<u>=</u>	Md	В	altimo	re				LIMITS?			
A	10e. STREET AND NUMBER				101. ZIP CODE		10g.	WHAT COUNTRY?			
E	4002 Ardley Avenue				21213			US	SA		
FUNERAL	11. MARITAL STATUS 12. WAS DECEOENT	EVER IN U.S. AR	RMEO	13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (S	Specify Yes or No	- 14. RAC	E — American Indien,		
	1 Never Married 2 Merried FORCES? 1 IF YES, GIVE WA	R OR DATES	МО		specify Cuban, Maxic ES 2 R NO Speci	ixican, Puarto Rican, etc.)			Black, White, etc. Specify:		
B	3 Wildowed 4 Divorced			""	- X	.,.		white			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			SUAL OCCUPA		18b. KI	ND OF BUSINESS	S/INDUSTRY			
E	Elementary/Secondary (0-12) College (1-4 or 5+)	- Ha	. Do NOT use	retired.)	most of working						
P	12 1		Desi	gner			Engin	eering	5		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTNER'S N.	AME (First, Mide	fle, Maiden Sumar	me)			
BEC	Bernard Kasprzak				Eva No	ovak					
8	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING A	DDRESS (Stree	et and Number or Rural	Route Number,	City or Town, State	e, Zip Code)			
2	Joan Kasprzak				Avenue, 1				.3		
	20a. METHOO OF DISPOSITION	20b. PLACE	AND DATE OF	DISPOSITION	(Name of	OATE	20c. LOCATIO	N — City or T	own. State		
	1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, cre	ematory or other	r plece)							
i	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	I Garne	ens or	Faith 22. NAME	ANO ADDRESS OF F	ACILITY	Balti	nore.	Md.		
1	12.60 Af-11.			Brad	ley-Ashto	on Fune	eral Ho	me			
	muly many			2134	Willow S	Spring	Road,	Dunda]	k, Md 21222		
	shock, or heart feilure. Liat only one ceus IMMEDIATE CAUSE (Final disease or condition resulting in death)	seese or condition MYCCARPIAL						y arreat,	Approximate interval Between Onset and Death SAME		
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):										
9	PART II. Other algolificent conditions contributing to d	leeth but not r	maulting in	the underly	log cause alven in	Part I a	- MAC AN AUTON	nev Lau	WERE ALIPPORT FRIDANCE		
₹		rectif but flot f	reacting in	the dilderry	ing ceose givan ii	Part 1. 24	e. WAS AN AUTOR PERFORMED?		b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE		
				-		1	YES 2 N	0	OF DEATH?		
Σ									1 YES 2 NO		
Ž	DID TOBACCO USE CONTRIBUTE TO CAL					N 🗆					
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28, PLAC		(Check only or	16)						
YS	1 YES 2 NO 1 Inpatient 2				ome 5 - Residence	8 Other (S	pecify)				
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF II		28b. TIME INJUI		NJURY AT WORK?	28d. DESCR	BE HOW INJURY	OCCURED			
À	1 Netural 5 Pending 2 Accident Investigation			M 1	YES 2 NO						
COMPLETED	3 Suicide 8 Could not be 4 Nomicide 8 detarmined	INJURY — At ho tc. (Specify)	ome, farm, str	eet, factory, of	fice		281. LOCATION (Street end Number or Rural Floute Number, City or Town, State)				
ווי	29a. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of m	ny knowledge, de	ath occurred	at the time, d	tte and place, and du	a to the cause/	a) and manner as	eteted			
₹	one) 2 MEDICAL EXAMINER: On the basis of exa								e) end menner ee stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER										
H	1 /2011	ode u	10		29c. LICENSE NU		29d.	DATE SIGNED	(Month, Day, Year)		
၉	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE	OF DEATH ATT	M 27) (5 2	rine)	1013	12		141	//		
	ON THE RIP ADVIESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITE	m 21) (lype, P	rint)				, ,			
	24 DAYS SHIPD (March 5)										
	JAN 1 0 1995 Jaly Standard	SIGNATURE									
	ALIAT (1222) Amt minde	- Maryan									



1 - FOR STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN MARIAN KLEIN 6, JAN. 1995 7:05 A. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 9. BIRTHPLACE (State or Foreign 213-09-4650 1 M 2 X 89 YRS. SEPT.12,1905 MARYLAND Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR 3015 ROMARIC CT., APT. D BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE MARYLAND YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 21209 3015 ROMARIC CT., APT. D be retained by the hospital or attending physician, age 5 should be detached for use as the burial-transit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yee, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO 1 Never Married 2 Married
3 Wildowed 4 Divorced 1 TES 2 NO Specify Specify BY WHITE 9 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOUSEWIFE AT HOME COMPL 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) KLEIN Austerlitz FINKELSTEIN **ESTHER** 70 **JOSEPH** page 5 should be notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 MR. SOLOMON KLEIN 3015 ROMARIC CT., APT. 21209 D BALTO, MD Pe Page 6 may 20e, METNOD OF DISPOSITION
1 N Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must the funeral director, 4 Donation 6 Other (Specify) 1/8/95 ROSEDALE, MD ZION examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE SOL LEVINSON & BROS., INC. hours after death. 6010 REISTERTOWN RD. BALTO., MD 21215 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, filled in by Approximeta shock, or heart fellure. Liet only one ceuee on each line. Interval Between 0 **IMMEDIATE CAUSE (Finel Onset and Death** the cremation, disease or condition e. Alle HI - Conduct Resposatory ARREST and completely fi burial, cremation reaulting in death) event. Jewese ASEVA CAIS and Aorhe Stenosis traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): physician a if any, leeding to immediate ceuse. Enter UNDERLYING DUE TO OR AS A CONSEQUENCE OF): prior Acelle MI CAUSE (Disease or Injury other thet initieted events resulting in deeth) LAST bentnewas 6 PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL Soul Degenerarul AVAILABLE PRIOR TO Hyper para my roidasin COMPLETION OF CAUSE 1 TYES 2 THO OF DEATH? Shows 0540 aithirs Osteo porosus Kyphosis 1 TES 2 NO has been Dept. of I DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) r this certificate h h with the State [**EXAMINER?** HOSPITAL: OTHER: 1 TYES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 - Nursing Home 5 Thesidence 6 - Other (Specify) 0 27. MANNED OF DEATH 26e. DATE OF INJURY 26b. TIME OF INJURY 28c, INJURY AT 28d, DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending м 1 YES 2 NO DIRECTOR: After the hours after death was ВУ Investigation 2 Accident 26s. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Suicide e Could not be 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 28 Item 29a, CERTIFIER RTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as stated. FUNERAL I = MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
TO FILE WITHIN 7. 299. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER guilo 29d. DATE SIGNED (Month, Day, Year) B one Doullaum 1-6-95 10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

LINCED & DERKING BIRUM, 17 B. 3635 OLD CT. RD. 2 PACTO-HS.

32. REGISTRAR'S SIGNATURE Jahr Savolson Randall

0 1995

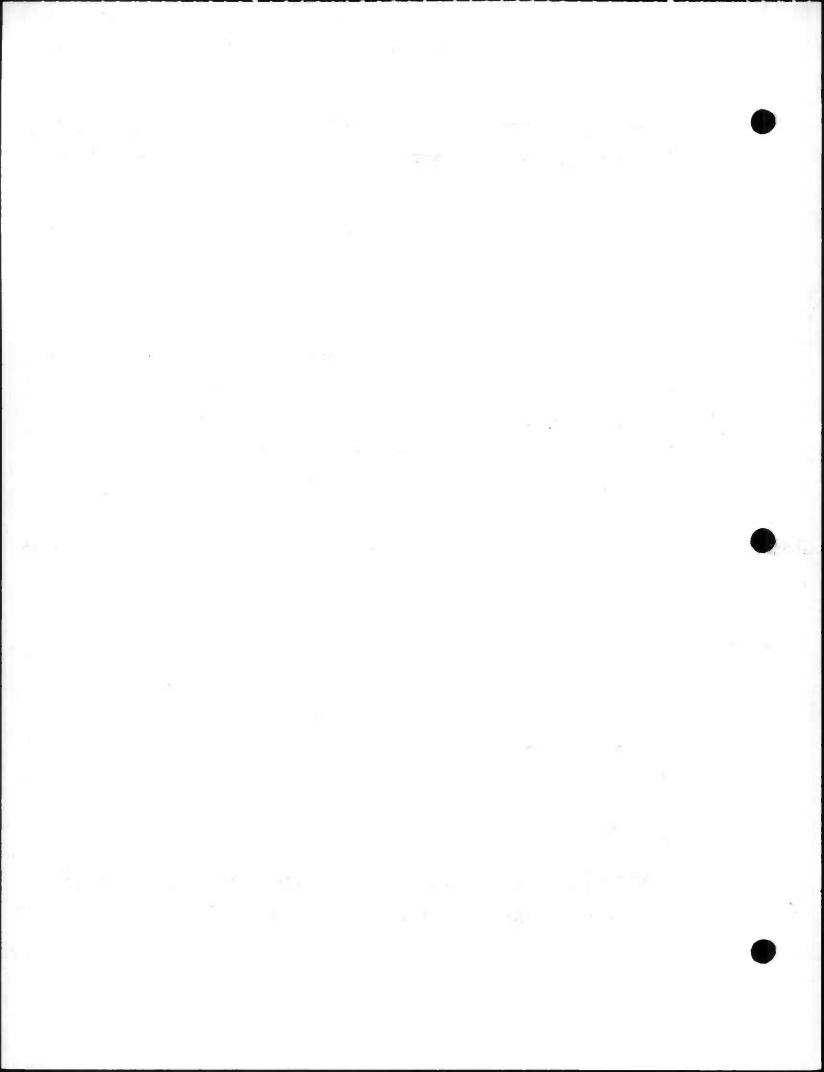
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Items1, 1-10-95 FilmG719 W.H.Per F/H Item7, Film719, 1/19/95, lt

ertificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician. In and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should lighter prior to burlal, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** or other traumatic event, the medical examiner must be notified at once. P.O. BOX 68760, DIVISION OF VITAL RECONDS TO THE HOSPITAL OR ATTENDING PHYSICIAN, THE SAFE THE TO THE FUNERAL DIRECTOR: After this common has then the be filed within 72 hours after death with the State Dept. of Heavill MPORTANT: If item 28 is marked, or them 23 shown importants.

R ATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
GISTRAR	CERTIFICATE OF DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND	A STATE OF THE STA	HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	Aff Jer	ome Leon	ard Kl	aff	2. DATE OF MONTH	DAY	619	3. T	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE (in yrs. last birthday)	IF UNDER 1 YES		7. DATE OF I		09 10.	4	CE (State or Foreign		
0.	9a. FACILITY NAME (If not institution, give stree	et and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
DIRECTOR	SINAI HOSPITAL RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY			BALTIMORE								
	MARYLAND	BALTIMORE	10c. CIT	Y, TOWH OR LO BALTIN		10d. INSIDE CITY LIMITS? 1 YES 2 ANO						
FUNERAL	1 SLADE AVE, APT.	801			101. ZIP CODE 21208	3		10g. CITIZEN OF WHAT COUNTRY? USA				
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes	DECENDENT OF HISPA , specify Cuban, Maxic YES 2 X NO Speci	en, Puerto Rice	Specify Yea o					
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)		(Give kind of	CEDENT'S USUAL OCCUPATION Ive kind of work done during most of working Do NOT use retired.) PRESIDENT SC								
NO.	17. FATHER'S NAME (First, Middle, Last)	4		PRESIDENT SCF 18. MOTHER'S NAME (First, Middle, Meli					Ļ			
BE C	HARRY KLAFF					H SCHRI						
0	19a. INFORMANT'S NAME (Type/Print) MR RTCHARD B. KT.A	ਜਜ			et and Number or Rural K HETGHTS					21117		
j	MR_RICHARD B_KLAFF 11814 PARK HEIGHTS AVE OWINGS MILLS, MD 21117 20a. METHOD OF DISPOSITION 1 Xi Burlei 2 Cremation 3 Removal from Stata 20b. PLACE AND DATE DATE DATE DATE DOCUMENTS OF TOWN, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State CoARLINGTON — CHIZUK AMUNO 1—8—95 BALTIMORE, MD											
	1. SIGNATURE OF FUNERAL SERVICE LICENSEE SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE								WORF.	MD 21215		
	23. PART i. Enter the diseases, or con shock, or heart failure. Lis	nplications that caused	the death. Do i	not enter the	mode of dying, aud	h as cardiac	or respira	tory arrest	,	Approximate Interval Between		
	immediate cause (final disease or condition resulting in death) Due to (or as a consequence of):											
TION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other aignificant conditions of	contributing to death by	at not requiting	in the under	des sous store to	Brat I a			1	20.000		
DICAL			at not resulting		ying couse given in		PERFORM	ED?	AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIE	BUTE TO CAUSE O	F DEATH YE	S 🗆 NO	M UNCERTAI	ΝП			1 [YES 2 NO		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	26. PLACE OF DEA	TH (Check only o								
HYS	1 VES 2 NO 1	28a. DATE OF INJURY	28b. TIM	E OF 28c.	injury AT	8 Other (Sp 28d, DESCRI		URY OCCUR	ED			
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) 28a. PLACE OF INJURY			WORK? YES 2 NO							
ETED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Speci	Ty)	itreet, rectory, c	mice	281, LOCATIO City or To	own, State)	d Number or F	Rural Floute	Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER: (use(a) and	manner ea stated.		
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER	- M.I	١,		ASZ40 Z			29d. DATE SI	GNED (Mor	1th, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO C	0	TH (ITEM 27) (Type,	Hospi	tal of	Balti	wor	حـ	15			
	JAN 1 0 1995	32 REGISTBAR'S SIGNA	-Kardall									



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		1 - STATE REGISTRAR		STATE OF MAR	RYLAND	DEPARTM	ENT OF H	HEALTH AND	MENT	AL HYGIE			
		1. DECEDENT'S NAME (First, Middle	, Last)							TE OF DEATH		YEAR 3.	TIME OF DEATN
		Marie 4. BOCIAL SECURITY NUMBER		I.	NOE //-	Kalke		1	7	nuary	2,19	95	7:25p
pino		363 10 7575 9e. FACILITY NAME (If not inelitution	1	□ M 2 💢 F		81 YRS. MO	UNDER 1 YEAR THE DAYS	HOURS MIN.	No	onth, Day, Year)	1913	Country) Mich	ACE (State or Foreign
3 should	E E	6113 42nd Pl		and number)				OR LOCATION OF D SVille	EATH		9c. COUNT	Y OF DEAT	eorges
1, 2,	5	RESIDENCE OF DECEDE									12 7 711	CE C	eorges
permit. Pages 1,	DIRECTOR			e Georg	AS		OWN OR LOCAT	TION SVille					d. INSIDE CITY LIMITS?
emir.		10e. STREET AND NUMBER		00019				1. ZIP CODE			10e. CITIZE		T COUNTRY?
n. ansit p	FUNERAL	6113 42nd Pl	ace					20781			USA		
BALTIMORE, MARYLAND 21215-0020 or death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transit wal.	BY	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Wildowed 4 Divorced	- 1	FORCES? 1 1 Y	1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, atc.)						I. RACE — Black, W Specify:	American Indian, Thita, etc. White	
215 attence se as	8	15. DECEDENT (Specify only higher	'S EDUCAT	ION noieted)	16a.	DECEDENT'S USL	AL OCCUPATIO	ON pet of working	1	6b. KIND OF BI	USINESS/INDUS	TRY	
21 or under	LET	Elementary/Secondary (0-12)		College (1-4 or 5+)	٦,	Ille. Do NOT use rel	fred.)	ost or working		_			
AND 2 the hospital detached to	COMPL	17. FATHER'S NAME (First, Middle, L	neft		1 1	Domesti	.C	Les Marrieres III	-	Domes			
A SE SE SE SE SE SE SE SE SE SE SE SE SE	l w	Alexander Hu						16. MOTNER'S N.			<i>n sumeme)</i> Ristir	naki	
MAR retained to 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Prin	(r)			196. MAILINO ADI	RESS (Street a	and Number or Rural					
E, M y be re yage 5:		Chris Kalke				same a	s #10	above					
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		20a, METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 (from State	20b. PLAG	CEAND DATE OF DI	SPOSITION (Na	ame of	1 /	20c. L	OCATION — CH	y or Town,	State
Page la direct		4 □ Donation 6 □ Other (Specification 21. SIGNATURE OF FUNERAL SERV		SEE	Ciras	serr 1	22. NAME A	ND ADDRESS OF F	• ‡ /	3/45 (Chasse	5TT,	Michiga
BALTIMOR after death. Page 6 ma by the funeral director, in noval.		- Sundell	au	Marle	1			Pearson				es	
C T at		23. PART I. Enter the disease	s, or com	plications that cer	used the	deeth. Do not e	Inter the mo	gton,	V A	ZZZU	J L piratory arres	t.	Approximate
- 0 D 0 E		shock, or heart fa	illure. Lie	t only one ceuse o	on each i	Ine.					,	,	Interval Setween
t, t		disease or condition resulting in death)	s	Congesti			Failu	re					
				DUE TO (OR Atrial F		SEQUENCE OF):							
2 8 E	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	В			SEQUENCE OF):	211						
icate be physiciar ne prior trau	CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury											
P.O. B th certificate ending physical if Hygiene pr	TIE	thet initiated events resulting in death) LAST		DUE TO (OR	AS A CON	SEQUENCE OF):							
0 = 5 - 6	병		d										
A ST OF ST	SAL	PART II. Other eignificent cor		ontributing to deat	th but no	ot resulting in th	e underlying	g ceuse given in	Part I.	24a. WAS AI PERFO	N AUTOPSY PRMED?	AM	RE AUTOPSY FINDINGS VLABLE PRIOR TO
uires the signed Health was an	MEDICAL	Hypothyroid Hypercalcen								1 TYES	2 (XIO		MPLETION DF CAUSE DEATH?
> 0	2	DID TOBACCO USE C		UTE TO CAUSE	E OF DI	EATH YES	T NO F	LINCERTAL	ΝП			1 (YES 2 NO
The law te has the Dept of 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDI EXAMINER?	CAL			ACE OF DEATH (C	heck only one)	2 OTTOLKIA					
CIAN: or its	YSI	1 □ YES \$₹NO		OSPITAL:		3 DOA 4	HER: Nursing Hom	5 KRasidence	6 🗆 Ot	her (Specify)			
OF VITA PHYSCIAN: The Illus certificate h with the State I nood, or Nem		27. MANNER OF DEATN 1 Natural 5 Pending		(Month, Day, Ye		26b, TIME OF		PRK?	26d. D	ESCRIBE NOW	INJURY OCCUP	RED	
NDING NDING NDING After counts	B.	2 Accident Investig		26s. PLACE OF INJ	IURY — At	home, ferm, street		YES 2 NO	261. LC	CATION (Street	and Number or	Rural Bouts	Number
ATTENDING ATTENDING ECITOR After Is after death 1 28 is ma	ETED	4 Homicide determi		building, etc. ((Specify)		,			ty or Town, State		THE THOUSE	, rounder,
5 9 8 2 3	PLE	29e. CERTIFIER 1 CERTIFYINO	PNYSICIAN	N: To the best of my k	nowledge,	death occurred at	the ilme, date	and place, and due	to the c	ause(a) and ma	nner as stated.		
HOSPITA FUNERAL FANTE	Š.			on the basis of examin								ause(a) an	d manner as stated.
	BE	296. SIGNATURE AND TITLE OF CE	ATIFIER	A (//		٨٨		29c. LICENSE NU	MBER				nth, Day, Year)
五 日 2 至 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五	TO	30. NAME AND ADDRESS OF PERS	OHW MC	OMPLETED CALLES OF	N	VV TEM 27 G		75-20	04		Jan	uary	5, 199
1		Pamela Mulsh						Drive	Si	lver	Sprin	o Mr	20901
0		31. DATE FILED (Month, Day, Year)	11.	32. REGISTRAR'S	IGNATURE	1 100	Ju	DI IVE,	01	TACT	PATITI	A 1 1.11	20901
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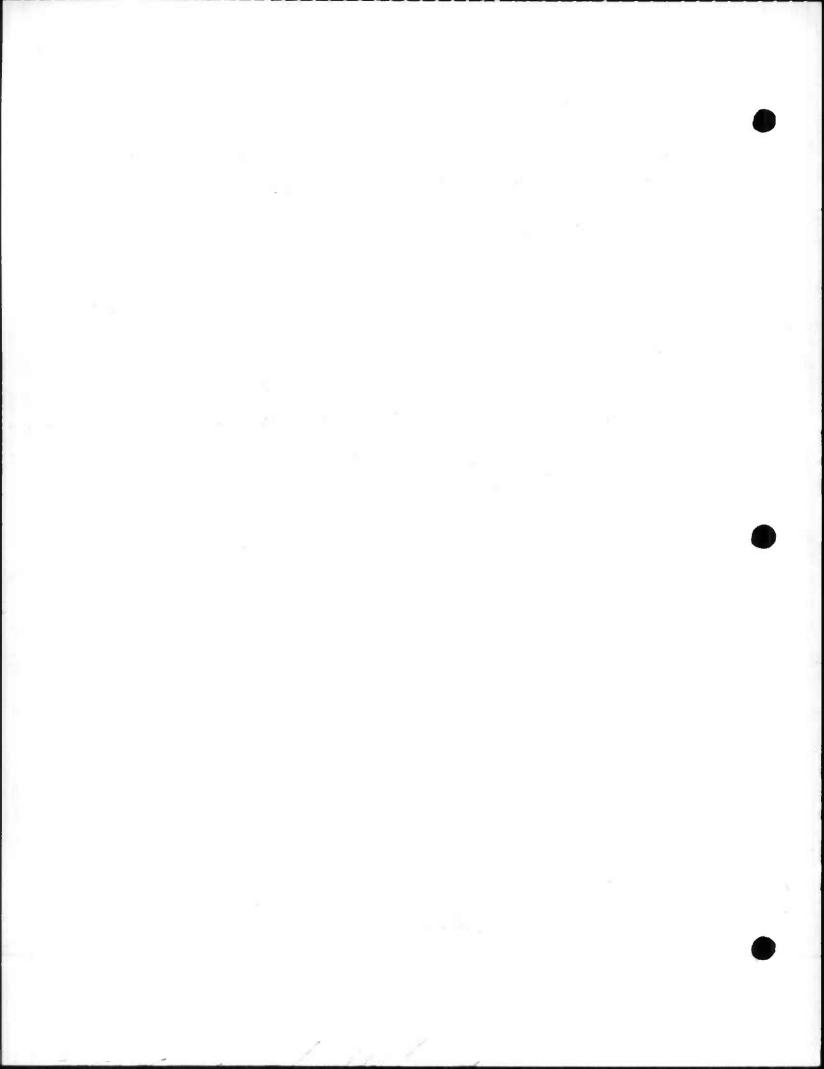
DIVISION OF VITAL RECORD

ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a floor death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDIN	TO THE FUNERAL DIRECTOR be filed within 72 hours afte	IMPORTANT: If item 28	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR			CER	TIFIC	ATE (OF (DEATH		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)	LEVIT	T					2. DATE MONTH	OF DEATH	NY -	YEAR 95	3. TIME OF DEATH G'. 30 P M
4. SOCIAL SECURITY NUMB 052-32-0656	'in yrs. lest biri		UNDER 1 YE		IF UNDER 24 HRS. HOURS MIN.	(Month	OF BURTH Day, Year)	902	8. BIRTH Countr	PLACE (State or Foreign		
99. FACILITY NAME (If not institution, give street end number) 99. FACILITY NAME (If not institution, give street end number) 90. COUNTY OF DEATH 90. COUNTY OF DEATH 91. COUNTY OF DEATH 91. COUNTY OF DEATH 92. COUNTY OF DEATH 93. COUNTY OF DEATH										EATH		
RESIDENCE OF DECEDENT												
MARYLAND	BALTI				OWN OR L							10d. INSIDE CITY LIMITS? Y YES 2 NO
100. STREET AND NUMBER 7 WOODWARD C	m						CIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
	1.					2.	1136			USA	A	
11. MARITAL STATUS 1 Never Merried 2 3. Widowed 4 Divo	Merried roed	12. WAS DECEDENT EVER IF FORCES? 1 YES	U.S. ARMED 2 NO ATES X		If yes	s, spec	IDENT OF HISPAN Ify Cuben, Maxican NO Specify	n, Puerto R		or No	Specia	— American Indien, i, White, etc. ly: HITE
15. DEC	EDENT'S EDUC	ATION	16a. DECED					16b.	KIND OF BUS	INESS/IN		
Elementery/Secondary (0		College (1-4 or 5+)	HOUS!	NOT use re	·	g most	of working	н	OME			
17. FATHER'S NAME (First, Mi	iddle, Last)					Т	16. MOTHER'S NAI			Cumamal		
PINCUS	BL	UMENFELD					BAILA	, , , , , , , , , , , , , , , , , , ,	incoro, imarcorr	Junethay	TOWB	IN
190. INFORMANT'S NAME (7)	rpe/Print)						Number or Rural A	Poute Numb	er, City or Town	n, State, Zij	Code)	
MR_MITTON	TEVTO	TD.	7 7	MOOD	DOON	CT.	REIST	ERST	OWN, M	D 21	136	
20e. METHOD OF DISPOSITI 1 Burlel 2 Crematio 4 Donation 5 Other	n ARemo		PLACE AND				e of	DATE	20c. LO	CATION -	City or To	
			M LION.	LEFT	-		<u>/8/95</u>	D# 1774	PINE	LAWN	LI	NY
22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.												
6010 REISTERTOWN RD. BALTO., MD 21215												
23. PART i. Enter the diseases of complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. Liet only one ceuse on each line.												
iMMEDIATE CAUSE (Fin disesse or condition		(A1) CO-			_							Onset and Death
resulting in desth)	→	DUE TO (OR AS A	NE	200	JER	E	XTRE	MITI	ES			Necks
		A S C V		NCE OF):								years
Sequentisity list conditi		DUE TO (OR AS A		NCE OF):								1/2003
if sny, leading to immed cause. Enter UNDERLY!	NG											
CAUSE (Disease or Inju- that initiated events	ry o	DUE TO (OR AS A	CONSEQUEN	NCE OF):								+
resulting in deeth) LAS	r 📗											
		contributing to death b	ut not resu	iting in t	he under	iying	ceuse given in i	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
DEMENT	, ,								1 TES 2	NO		COMPLETION OF CAUSE OF DEATH?
SEVERE C	STEOL	ARTHRITIS										1 - YES 2 NO
DID TOBACCO U	SE CONTR	IBUTE TO CAUSE O	F DEATH	YES	□ NO	K	UNCERTAIN	1 🗆				
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	28. PLACE OF			one)						
1 TES 2 NO		1 Inpetient 2 I ER/Outp	atient 3 🗆 🗈		THER: Nursing	Home	5 🗆 Residenca	6 Other	(Specify)			
	Pending nvestigation	28e. DATE OF INJURY (Month, Day, Year)	28	b. TIME O		WORK	TY AT	26d. DES	CRIBE HOW IN	JURY OC	CURED	
3 Suicide 6 0	Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home,	tarm, stree	it, factory,	offica			TION (Street a	nd Number	or Rural A	oute Number,
en orestrum												
		EIAN: To the best of my knowl t: On the basis of examination										end manner ee stated,
29b. SIGNATURE AND TITLE		+ Color	l.	<u> </u>			9c. LICENSE NUM					(Month, Day, Year)
BERNARD	F.	COMPLETED CAUSE OF DE	ATH (ITEM 27)	(Type, Prin	")	\ A	IDEN C			VE.	2	1228
31. DATE FILED (Month, Day)	95 1	1 32 TESISTEM CHIM		1 '								
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JAN 1 0 1995

32. REGISTRAR'S SIGNATURE

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executed with hours after death. Page 6 may be retained by the hospital or attending physician.	ge 5		9 10
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DING	After	death	3 m3
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IL OR ATTENDING PI	WREC	Sunc	me.
TO THE HOSPITAL OR ATTE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera	72 hc	MPORTANT If item 28 is marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MARY FRANCES LEVIN 6:40 Jan. AM 1995 Month, Day, Year, A SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN 8. BIRTNPLACE (State or Foreign 1 M 2 XXF 213-28-1355 78 Nov. 1916 New York 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Harbor HOspital Center Baltimore City NA RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Pa sa dena (Sunset Beach) 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 8425 Rugby Road, 21122 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X YOU IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

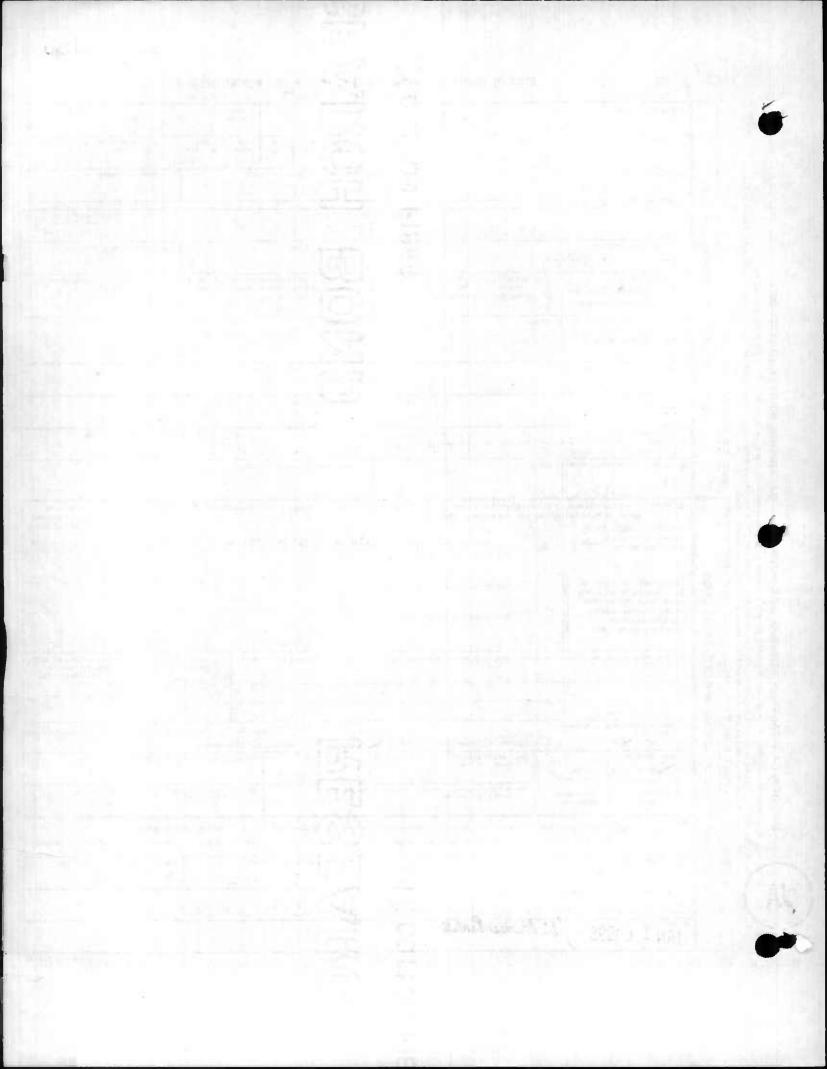
1 YES 2 NO Specify: 1 Never Merried 2 Merried BY Specify: 3 X Widowed 4 Divorced Wh<u>ite</u> 16a. DECEDENT'S USUAL OCCUPATION
(Given kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig Elementery/Secondary (0-12) 12th Grade College (1-4 or 5 +) ARYLAND NATIONAL BANK Retired Bank Teller Mary lad Nation 1 Bank 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Michael Patrick Leary Elsie Graham BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Mrs. Esther Hoffman 803 Riverside Drive, Pasadena, Md. 21122 20e. METNOD OF DISPOSITION
1 X Burlet 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Cedar Hill Cemetery 1/7/95 Baltimore, Maryland Bonation 5 Other (Specify) 31. SACHETURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home of Pasadena 3204 Mountain Rd., Pasadena, Md. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximete ahock, or heart fallure. List only one cause on each line interval Between IMMEDIATE CAUSE (Fins) Onset and Death disease or condition Preumonia
DUE TO (OR AS A CONSEQUENCE OF): reculting in desth) Conjective freart CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING DUE TO (OW AS A CONSEQUENCE OF) by rentensive conditions on our to (or as a consequence of): yeare CAUSE (Disease Dr injury that initieted events resulting in death) LAST PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 □ YES 2 □ NO 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL: OTHER 1 TYES 2 NO Inpatient 2 - ER/Outpetient 3 - DOA 4 Nursing Nome 5 Beeldence 8 Other (Specify) 27. MANNER OF DEATN 28c. INJURY AT WORK? 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28d, DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 9 8 Could not be 4 Homicide determined E 1 CERTIFYING PNYSICIAN: To the best of my knowledge, desth occurred at the time, date end piece, end due to the ceuse(s) end menner se stated. COMPL 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE wermin chur Î 95 9 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) HOS DISTO Marber

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HORSELL OR ATTENDING PHYSICIAN. The Law Housins that the death certificate be executed within the found for death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be like within 72 hours after death with the State Dept. of Headh Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or then 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	el Leis	G. LEISH			2. DATE OF DEATH MONTH DA	' ५ ४	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 217-72-5885	1 1 M 2 □ F 36	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	JUTY Day 25, 1	958	BIRTHPLACE (State or Foreign		
OR	Bon Secour Hos	Sc. COUNTY	OF DEATH							
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Maryland Anne	e Arundel		TOWN OR LOCAL				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL (5336 4th. Stree		A. O		zgf225		109 GTIZEN			
BY FUN	11 MARITAL STATUS VIX Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES OUTE WAR DR D	2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 NO Specifi	NC ORIGIN? (Specify Years, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S (Give kind of we ille. Do NOT use Steel Fa	ork done during mo retired.)	st of working	166. KIND OF BUS				
BE CO	17. FATHER'S NAME (First, Middle, Last) Melvin	н.	Leishe	ar	Maryanr	ME (First, Middle, Malden S		Cuffley		
0	Mr. Melvin H. Lei	sh ear	19b. MAILING /	4th. St		altimore,		² 1 225		
	20e. METHOD OF DISPOSITION 1 Durial 2 Tormatton 3 Flam 4 Donation 6 Other (Specify)	aveil from State	PLACE AND OATE OF	natory,	Inc. 1	/9/95 Ca	tonsvi	or Town, State 11e, MD.		
	21. SIGNATURE OF FUNERAL SERVICE VIC	Hunch		237 E.	Patapso	al Home of o Avenue	Baltim	ore.MD. 21225		
ERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):									
N: MEDICAL C	PART II. Other significant condition	Part I. 24a. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	ACE OF DEATH (Ch	6 Other (Specify)				
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ		28d. DESCRIBE HOW IN	JURY OCCURE	ED .		
LED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, at	reet, factory, offic		281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				
COMPLE		CIAN: To the best of my know						nuse(s) and manner as stated,		
BE.	296. SIGNATURE AND TITLE OF CERTIFIER	20			29c. LICENSE NUI		29d. DATE SIG	GNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	7220 Par			Batt	nove MI				
	JAN 1 0 1995 July	AND DESIGNATION OF THE PARTY OF								



ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-719 1/23/95 t.t

1 - STATE STATE STATE STATE

_	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HE	ALTH AND M	ENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Li ASIA	veronica	A	LEMON		2. DATE OF DEATH MONTH JAN.02		3. TIME OF DEATH 22:00 P M			
Pin	4. SOCIAL SECURITY NUMBER 218 84 8885	1 🗌 M 2 🌁 F	24 YRS.		HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-27-7	8.	BIRTHPLACE (State or Foreign Country) alto, Md.			
1, 2, 3 should	9a. FACILITY NAME (If not institution, gi 5511 KENNISON RESIDENCE OF DECEDENT	V AVE.			TIMORE	тн	9c. COUNTY	Y OF DEATH			
ft. Pages	10a. STATE 10b. COU	JNTY		TOWN OR LOCATIO	ON		10d. INSIDE CITY LIMITS? 1 YES 2 N				
ansit permit.	10e. STREET AND NUMBER 5118 Cordel:	ia Ave.				15		EN OF WHAT COUNTRY?			
retained by the hospital or attending physician. 5 should be detached for use as the burial-transit notified at once. TO BE COMPLETED BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 ☐ YES IF YES, OIVE WAR OR D	2 NO	If yes, spec	NDENT OF HISPANIC lify Cuban, Mexican, NO Specify:	ORIGIN? (Specify Puerto Rican, atc.)	fes or No — 14	RACE — American Indian, Black, White, atc. Specify: Black			
al or attend for use as	15. DECEDENT'S I (Specify only highest gi	EDUCATION rade completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most	of working	16b. KIND OF E	USINESS/INOUS				
the hospital or detached for un once.	12th 17. FATHER'S NAME (First, Middle, Last)	1 yr.	Cater	Catering 16. MOTHER'S NAME (First, Middle, Maiden Surname)							
ed by th	James Lemon	1				elia Gr					
s should notified	19a. INFORMANT'S NAME (Type/Print) Ophelia H. Ha	rner			ia Ave						
2 8 A	20a, METHOD OF DISPOSITION	201	b. PLACE AND DATE OF	DISPOSITION (Name			OCATION — CIT	21215 y or Town, Stata			
director, per must	1 Burial 2 Cremation 3 R 4 Donation 5 Other (Specify)	K	ing Pk.	Cemete		0/95 B	alto.				
death. Pe funeral	21. BIGHATURE OF FUNERAL SERVICE	Dujot	-	LEROY 4600 L	iberty	T & SO	Balto.	RAL HOME, II			
rith of a	21. PART I. Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Sfinal disease or condition resulting in death)	a. ASPHYXIA	each lina.		a of dying, such	as cardiac or res	piratory arres	t, Approximata Interval Between Onset and Death			
th certificate be executed ending physician and correlation in Hygiene traumattic events or other traumattic events ending the end the end	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): b. STRANGULATION AND SMOTHERING OUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
that the od by the h and Me inju	PART II. Other significant condit	tions contributing to death b	out not resulting in	tha underlying	cause given in Pr	Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY AMALABLE PRIOR COMPLETION OF DEATH?					
has been bept. of has 23 shored M.: M	DID TOBACCO USE COM	NTRIBUTE TO CAUSE C	OF DEATH YES	□ NO ☑	UNCERTAIN	_		1 TYES 2 NO			
HYSICIAN: The law in secrificate has be with the State Dept. (ed, or item 23 st. PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH	(Check only one)							
SICIAN: The certificate of the State of the HYSIC	1 X YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outs 28a. DATE OF INJURY	patient 3 DOA 4	Nursing Home	5 Gesidence 6		STAIR	WAY REDSUBJECT WAS			
DING PHYSIC After this ce death with th s marked, BY PH	1 Netural 5 Pending 2 Accident Investigation		2155	M 1 ☐ YE	(?	STRANGLED A					
7 4 9	3 Suicide 6 Could not determined	be 280. PLACE OF INJURY building, etc. (Special Found: S	CITY) A 3" D D D D D D D D D D D D D D D D D D	OF	ry, office 281. LOCATION (Street and Number or Rural Ploute Number. City or Jown, State) 5511 Kennson Aye Found: Baltimore City, Md						
IRECTOR: A NURS after of Bm 28 is	00. 0000000										
NOSPITAL OR ATTENDING UNERAL DIRECTOR: After ANT: If Idem 28 is ma COMPLETED BY	29e. CERTIFIER (Check only one) 1 CERTIFYINO PH	IYSICIAN: To the best of my know IINER: On the bests of examination						/			
O THE HOSPITAL OR ATTENDING I O THE FUNEAL DIRECTOR: After 6 filed within 72 hours after death MPORTANT: If Item 28 is man 1 BK COMPLETED BY	29e. CERTIFIER (Check only 1 CERTIFYINO PH	NYSICIAN: To the best of my know NINER: On the bests of examination		in my opinion, des	th occured at the tin	ne, date end place,	29d. DATE S	succ(s) and manner as stated.			
HE FUNERAL OF WITHIN 72 SETANT: IF	29e. CERTIFIER (Check only one) 1 CERTIFYINO PH 3 MEDICAL EXAM	IYSICIAN: To the best of my know IINER: On the bests of examination	en and/or investigation,	In my opinion, des	th occured at the tines. LICENSE NUMBIOCME	ne, date end place,	29d. DATE SI	euse(s) and manner as stated,			

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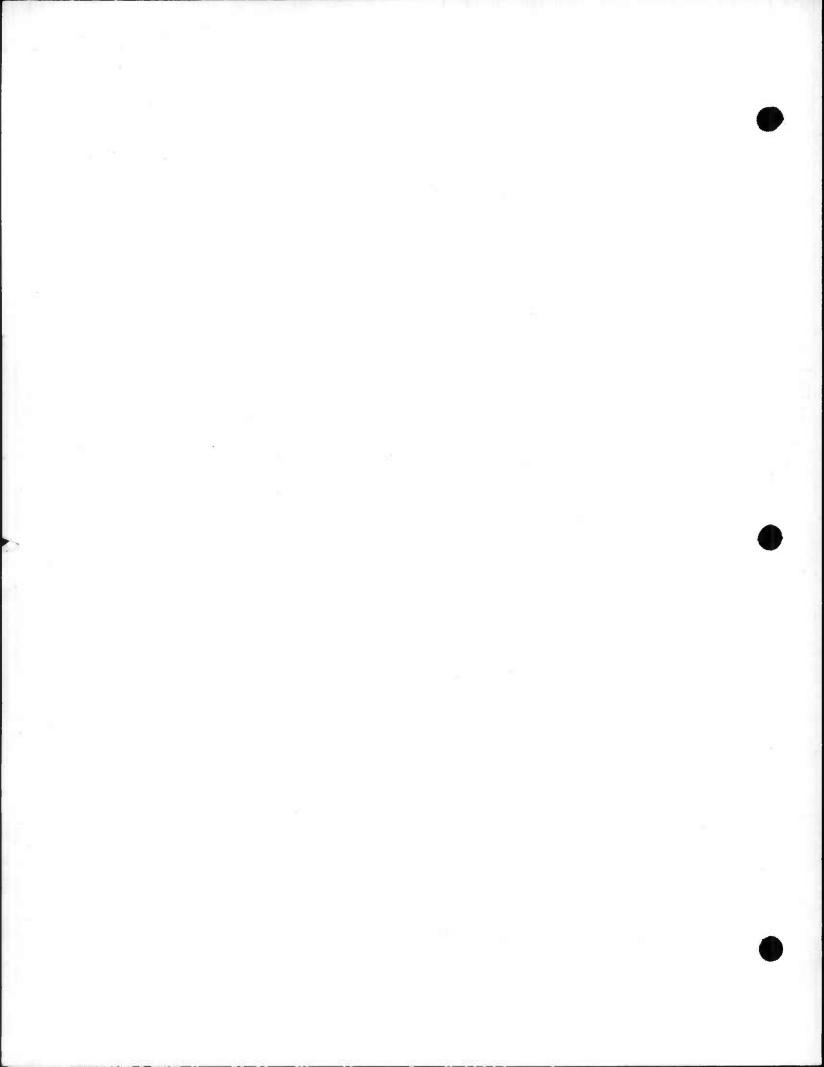
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			1 - FOR STATE REGISTRAR		STATE OF N	MARYL	AND /	DEPART	MENT OF	HEALTH A	ND MEN	ITAL HYGIEI			
			1. DECEDENT'S NAME (First,	Middle, Last)							2. 0	DATE OF DEATH			3. TIME OF DEATH
			Robert L									anuary	9, 199	95	04:05 A
			4. SOCIAL SECURITY NUMBER		5. SEX		'In yrs. last		F UNDER 1 YEAR	IF UNDER 24	HRS. 7. D	ATE OF BIRTH		RIPTHE	H ACE /State or Foreign
P	- 1		229-05-204		1 🔀 M 2 🗌 F	89	9	YRS.	JATES DAYS	HOURS	™. Ap	r. 19,1	905 M	iary	land
3 should		er	9a. FACILITY NAME (If not ins						b. CITY, TOWN	OR LOCATION	OF DEATH		9c. COUNT	Y OF DE	ATH
.2		5	North Aru	ndel Ho	ospital	Asso	ociat	ion	Glen	Burnie			Anne	_Ar	undel
permit. Pages 1		DIRECTOR	10a, STATE	10b, COUNTY	Arunde				N. C	rain	Hwy,	Glen B	urnie		10d. INSIDE CITY LIMITS? 1. YES 2 NO
tst.		FUNERAL	100. STREET AND NUMBER 102 N. Cra	in Hw	y. Apt	. 96	57		7	01. ZIP CODE 2106	1		10g. CITIZE		HAT COUNTRY?
215-0020 attending physician. se as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 B 3 Widowed 4 Divon	Aerried	2. WAS DECEDEN FORCES? 1. IF YES, OIVE W	T EVER IN YES	U.S. ARA 2 NO ATES	IED)	If yes,	ECENDENT OF H specify Cuben, it	Aexican, Pue	RIGIN? (Specify Yearto Rican, etc.)	a or No — 1	4. RACE Black, Specify	- American Indian, White, atc.	
21215 al or attent for use as				DENT'S EDUCA highest grade co	TION		16a. DEC	EDENT'S US	UAL OCCUPAT	ION nost of working		16b. KIND OF BU	SINESS/INDU	STRY	
		PLET	Elementary/Secondary (0-	1	College (1-4 or 5 +	-)	Me.	Do NOT use i	etired.)	ditor		Motio	nPict	ure	2
/LA	at once.	COMPL	17. FATHER'S NAME (First, Mic Ludwig Dav		ng		:	-		18. MOTHER Lena	s NAME (F)	ocheim	Sumame) er		
MORE, e 6 may be rector, page	notified	TO BE	19a. INFORMANT'S NAME (7)1 Lena Vecch				19b. 8 4	MAILING AI	oress (Street	and Number or	Aural Route I	Number, City or Too dena,	vn, State, Zip C MD 2	ode)	22
	9		20a. METHOD OF DISPOSITION 1 GrBuriel 2 Cremation 4 Donation 6 Other (3 🗆 Removi	al from State	20b. com W.C	PLACEAL	ND DATE OF	DISPOSITION				OCATION — CI		
	examiner		21. SIGNATURE OF FUNERAL		ISEE ///	, 1110	22 3211	<u> </u>	22. NAME	AND ADDRESS	OF FACILITY				
BA after de ny the fu		_	James	46	en 1				12 R	idgel	y Av	e. Ann	apoli	s,	MD 21401
E =	e medical		IMMEDIATE CAUSE (Fine	art fallure. Lie	nplications that at only one ceu	t ceused se on e	nch line.					6	iratory arrea	it,	Approximate Interval Between Onset and Daati
60 within z mpletely	event, the		disease or condition resulting in death)	a	DUE TO	OR AS A	CONSECU	JENCE OF):	سعب	G-e	ced	2			2 weel
68760 excuted with	2 1	N.	Cognostially list conduct	b.	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									(noR)	
	traumatic	Ĕ	Sequentially list condition if any, leading to immediately	iete	DUE TO	OR AS A	CONSECU	JENCE OF):							
BOX ficale be e	E E	음	CAUSE (Disease or Injury	isease or injury & c.											ZTRS.
P.O.	ar ath	CERTIFICATION	that initiated events resulting in death) LAST		542.10	(ON AS A	CONSECU	DENCE OF J.							
S, de la	0 5 1	- 4	PART II. Other algolitican	t conditions	nominibusium to	death b								_	
A # 30		CAL	Vescol	CONGRESSION	ک و سال	Ocalli Di	عا باما الل	werting in	na underlyi	ng ceuse give	n in Part	I. 24s. WAS AT PERFO			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
RECO	100	MEDIC	<u></u>		,	20			7			1 TYES	2 NO		COMPLETION OF CAUSE OF DEATH?
	shows	2	DID TOBACCO US	E CONTRI	BUTE TO CA	LISE O	F DFAT	H YES	Пиог	7 LINCEP	TAIN	,			I YES 2 NO
TAL The law	25 E	ΙĀΝ	25. WAS CASE REFERRED TO		JOIL TO CA	_			Check only one		IAIIY				
	or Hem	Sic	EXAMINER?		IOSPITAL:	ER/Outp	etlent 3		THER:	me 6 🗆 Raside	nce 6 🗆 C	Other (Specify)			
PHYSICIAN This certific	ed, or	PHYSICIAN:	27. MANNER OF DEATH		26a. DATE OF (Month, De	INJURY		26b. TIME C	F 28c. If	JURY AT		DESCRIBE HOW	INJURY OCCU	RED	
Z	The second	βÁ	1 Nittural 5 P	ending vestigation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				YES 2 N	0				
VISION AFFEADING ECTOR: Allar	E.	2		ould not be stermined	26a. PLACE Of building,	etc. (Speci	— At hom	e, farm, stre	et, factory, off	ce	281.	LOCATION (Street City or Town, State	and Number or)	Rural Ro	ute Number,
ā 8		긆	29e. CERTIFIER (Check only	YINO PHYSICIA	N: To the best of	my knowl	edge, desi	h occurred i	t the time. de	a and place, and	d due to the	causels) and me	Oner so state-4		
HOSPITAL	1 1 1	COMP													and menner ea stated.
THE FUNERAL		Ö	296. SIGNATURE AND TITLE C							29c. LICENSI					Month, Day, Year)
E E E	MPO M	m	metor	Cun	mh					1111	173		> /	191	25
		2	30. NAME AND ADDRESS OF	PERSON WHO	OMPLETED CAUS	E OF DEA	TH (ITEM	27) (Type, Pri	nt)					1, ,	

Robert Kroopnick, M.D., 8620 Liberty Plaza, Randallstown, MD 21133

31. DATE FILED (Month, Day, Weer)

AN 1 0 1995



DIVISION OF VITAL RECORDS, P.G. BON

und pitch chours after death. Page 6 may be retained by the hospital or attending physician. Completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should expent, the medical examinary manner. event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law mounts that the death definition TO THE FUNERAL DIRECTOR. After this certificate has been supposed by the attending be filed within 72 hours after death with the State Dept. of Health and Mental Hope IMPORTANT: If Item 28 is marked, or New 23 shows any Injury, or on

	REGISTRAR		CE	RTIF	CATE	OF	DEAT	Н	REG. NO				
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR												3. TIME OF DEAT	н
	Nancy	W.	Lorant	t				ŀ	JANUARY D	_	1995	10:00	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER 2	_	7. DATE OF BIRTH			IPLACE (State or Fo	
	183-09-0402	1 🗆 M 2 🔀 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		Count	"PA	
	9e. FACILITY NAME (If not institution, give s		- //		01 01774		R LOCATIO			1917			
œ	6220 Foreland Ga				VB. CITY,		lumbi		ATH		ward		
2	RESIDENCE OF DECEDENT	LUI					TUINOT	.a		110	ward		
DIRECTOR	10s. STATE 10b. COUNT	Y		10c. CITY	TOWN O	R LOCAT	ION					10d, INSIDE CITY	
8		7										LIMITS?	
	Md Howa:	rd			<u>CO1</u>	umb						1 TES 2 X	NO
FUNERAL						101	ZIP CODE			10g. CIT	TIZEN OF V	WHAT COUNTRY?	
핒	6220 Foreland G	arth					210	145		U	1.5.1	A.	
5	11. MARITAL STATUS		T EVER IN U.S. ARI						C ORIGIN? (Specify Ye	or No-	14. RACI	E - American India k, White, etc.	m,
ВУ	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE V		•			2 K NO		, Puerto Rican, etc.)		Speci		
	3 pt minowed 4 Divorced	l										TIHW	E
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DE(CEDENT'S	JSUAL OC	CUPATIO	N st of working		16b. KIND OF BU				
됴	Elementary/Secondary (0-12)	College (1-4 or 5	ille.	Do NOT use	retired.)		si di working		CLOTH	MI	C		
<u>a</u>	7	NONE	SE	AMS	TRE:	SS			FACTO	RY			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	ER'S NAN	E (First, Middle, Maiden	Sumame)			
	MICHAEL		WASYL	CHI	CV		HEL	EN		(ne	(ANI	(NWON)	
BE	19e. INFORMANT'S NAME (Type/Print)								oute Number, City or Tow	n State 7	in Code)	WIND WAY	
임	JESSE J. LORA	NT (50)	\										
	20e. METHOD OF DISPOSITION	(30)	20b. PLACE A					NEE	DATE 200. LO	MOR	City or To	10 212	30
	1 Burtsi 2 K Cremation 3 Rem	oval from State	camatery, crei	natory or oth	er placa)	HONINA	me or		JAN. 10 ANT	CATION -	City or To	wn, State	- 1
1 Burtel 2 **Cremation 3 Removal from State Camatery, crematory or other place) TAN. 10 CATONSVILLE METRO CREMATORY INC 1995 CATONSVILLE 1995 1995											MD		
- 1	STATE OF POSITION OF	1	01		LE6	ROY	M + R	U.55#	ILL C. WIT	ZKE	FUN	ERAL HOL	NEC
	Lucius	wit	e e						OLLS ROAD				
	23. PART I. Enter the diseesea, or o	complications the	t caused the de-	eth. Do no	ot enter	the mo	de of dvin	g. such	as cerdiac or resp	rations as	MMD.	Approxima	
	enock, or heart fellure.	List pnly pne ceu	ea Dn each lina.				, , ,	9, 0201		, alony a	1001,	Intervel Be	tween
- 1	IMMEDIATE CAUSE (Fine) disease pr condition Onset and Death											Death	
	resulting in death)	· IVIN	againen	NV	4								
		DUE 10	OR AS A CONSEC	UENCE OF):								
S	Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF):												
Ĕ	If any, leading to immediate												
0	CAUSE (Disease or Injury	c											
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	UENCE OF):							1	
E	Tooding III death) Exst	d											
	PART II. Other algolificant condition	s contaibuting to	death but not re	Sulfinovic	the uni	derivino	Cause of	ven in E	Part I. 24a. WAS AN	AUTODEY	1 245	WEDE ALITOREY EN	upanoa.
EDICAL	HIN	(Vive	2.01.	t resulting in the underlying cause given in Par					PERFOI		240	AVAILABLE PRIOR 1	то
٥		•	0,000						1 YES 2	□ NO	1	OF DEATH?	AUSE
Σ	Chami	W							_			1 _ YES 2 _ N	10
ż	DID_TOBACCO_USE	CONTRIBUT	E TO CAU	SE OF	DEA.	TH '	YES 📋	NC					
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DE	ATH (Chec	ck only one)				
S	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER 4 Nurs		S Rool	Idence 6	Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF		28b. TIME	OF	28c. INJ	URY AT		28d. DESCRIBE HOW I	NJURY OC	CURED		
	1 Natural 5 Pending	(Month, D	my, Year)	INJU	M	1 Y	_	NO					
B	2 Sulable	28s. PLACE O	F INJURY — At hor	ne, farm, st	reet, facto	ery, office		-	281. LOCATION (Street	and Numbe	or or Rural F	Poute Number	$\overline{}$
	4 Homicide 8 Could not be	building,	etc. (Specify)			,			City or Town, State,			Toolo Trambol,	
COMPLETED	290. CERTIFIER												
AP	(Check only								to the cause(s) end me				
ő	2 MEDICAL EXAMINE	R: On the basis of e	remination end/or in	rveatigation	, In my of	olnion, d	eath occured	d at the t	ime, data end place, er	d dua to t	he cause(e) and manner ee st	ated.
ш	296. SIGNATURE AND TITLE OF CENTIFIE	20000	<u> </u>				29c. LICEN			29d. DA	TE SIGNED	(Month, Day, Year)	
m	Marske	20,-100	men				H3	392	11	•	1	1195	
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITEN	27) (Type.	Pri <u>nt)</u>		1 4				-	1-40	-
	2KNOLL N (COLLINBA	MO	2/19	5								
	31. DATE FILED (Month, Day, Year)	/ 32. REGISTRA	R'S SIGNATURE	701									
- 1		1. As.	r Radall										
II.	JAN 1 0 1995 A	LIVE BUILDING											

 ITEM: 4. PER F.H. FILM G-725 7/11/95 t.t

		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	HEALTH AND	MENT/	AL HYGIEN				
		1. DECEDENT'S NAME (First, Middle, Last)						E OF DEATH			TIME OF DI	EATH
		HARRY	LEVY				TAN	UARY 2		YEAR	3:15	p N
		4. SOCIAL SECURITY NUMBER 213-05-4226 800-01-3739		(In yrs. last birthday) 91 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DATE	E OF BIRTH oth, Day, Year) R.3,190		BIRTHPL/ Country)	ACE (State of	r Foreign
pinous		9a. FACILITY NAME (If not institution, give at	reet end number)		9b. CITY, TOWH	OR LOCATION OF D			9c. COUNT	Y OF DEAT	Н	
1, 2, 3	DIRECTOR	GREATER BALTIMOR	RE MEDICAL CE	ENTER	TOWSO	N			BALTI	MORE		
Sage	RE	10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10	d. INSIDE C	ITY
permit. Pages		MARYLAND			BALTI					1	YES 2	□ NO
	FUNERAL	6109 WESTERN RUN			10	f. ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY	3
trans	R	11, MARITAL STATUS				21209				SA		
5-0020 nding physician. ss the burial-transit	BY FU	1 Never Merried 2 Merried 3 VVWidowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO	If yea, sp	cendent of HISPA pecify Cuban, Maxic 3 2 X NO Speci	an, Puarto		or No- 1	Black, W Specify:	American in Thite, etc.	
215-0 attending se as the	ED	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16	b. KIND OF BUS	SINESS/INDUS	TRY	WHIT	E
T 6 2		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of v	vork done during mo	ost of working	- 1					
ND 2 hospital ached to	릴	12		SALES	MAN			SE	HOES			
AND the hospit detached	COMPL	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N.	AME (First,					
A De De De De De De De De De De De De De	ш	JACOB		LEVY		FA	NNIE					
BALTIMORE, MARYLAND for death. Page 6 may be retained by the hospit the funeral director, page 5 should be detached poal. examiner must be notified at once.	0 B	19a. INFORMANT'S NAME (Typo/Print) Schur	nick	196. MAILING	ADDRESS (Street a	and Number or Rural	Route Nur	nber, City or Tow	n, State, Zip C	ode)		
	-	MR. JERRY	SCHNICK	75	14 LABYE	RINTH RO	AD B	ALTIMOF	RE, MD	2120	08	
		29a. METHOD OF DISPOSITION 11 Buriel 2 Cremation 3 Remo		PLACE AND DATE OF		ame of	DA O	TE 20c. LO	CATION — CH	y or Town,	State	
		4 Donation 5 Other (Specify)		DIVAL				5 BALTI	LMORE,	MID		
		21. SIGNATURE OF FUNERAL SERVICE LIC	TT 9			ND ADDRESS OF FA LEVINSON		205 . 1	INC			
		- Jack	John	es	6010	RETSTER	STOWN	T POAD	вагтт	MODE	MD	21215
hours after d in by the or removal		23. PART I. Entar the diseases, or c	omplications that caused let only one cause on a	tha daath. Do r	opt anter the mo	oda of dying, au	ch as ca	rdiac or reapi	ratory arres	ıt,	Approx	imate
illed i		IMMEDIATE CAUSE (Finel	,									Between and Death
tely fille mation,		disease or condition resulting in deeth)	Castrojn	testrual	bleed	tilia					41	w
68760. ecuted withind complete burial, crema			Castrointestrial bleeding Due to (or as a consequence of):									
6876 xecuted and com burial,	NO	Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF):									
OX 68 e be execute sician and c nior to buria traumatic	ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING										
00 to \$ 5 to 15	E I	CAUSE (Disease or Injury that initiated events	page or Injury C.									
	E	reaulting in death) LAST			•							
	8											
0 5 5 5	Ä	PART II. Other algorificant conditions	contributing to death b	ut not resulting I	n tha underlyin	g cauea givan ir	Part I.	24a. WAS AN PERFOR			RE AUTOPSY	
COR ires that t signed by lealth and ws any I	MEDICA			CE-				1 TYES 2	□ NO		MPLETION O	F CAUSE
A E CO		Renal failur								1 [YES 2	NO
212	ž	DID TOBACCO USE CONTR					N 🗆					
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	'H (Check only one) OTHER:							
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Z X	1 VES 2 AO	t Inpetient 2 ER/Outp		4 - Nursing Hom	e 5 🗆 Residence						
NG PHYSI her this or sath with 1 marked,		1 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIMI	URY WO	IURY AT	26d. DE	SCRIBE HOW II	NJURY OCCU	RED		
	B	2 Accident Investigation	24. BLACE OF IN HIDY	111 4		YES 2 NO						
ATTENDING ECTOR: After 1 after death	a	3 Suicide 6 Could not be determined	26a. PLACE OF INJURY building, atc. (Spec	— At nome, farm, a	treet, factory, offic	•	281. LO	CATION (Street a or Town, State)	and Number or	Rural Route	Number,	
DIVIS OR ATER ORRECTOR Hours after them 28	ш	29a. CERTIFIER										
토로	COMPL	(Check only 1 CERTIFYING PHYSIC	CIAN: To the beat of my know t: On the basis of examination								d manner a	a stated.
FUNE Within		296. SIGNATURE AND TITLE OF CERTIFIER										
TO THE HOSP! TO THE FUNEF TO THE WITHIN	B	Jam 4 Grova	for and			29c. LICENSE NU	T/ /		≥90. DATE 5	29d. DATE SIGNED (Month, Day, Year)		
₽₽2₹	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	D (4-	, 0 (-10	7	
		I RUNGON	7 to c Osler	In Bol	. '	1 ure	14					
	-	31. DATE FILED (Month, Day, Year)	AR. REGISTRAR'S SIGN									-
	- 1	3AN 1 0 1005	Hales differentieron	Restall								

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO).	
1. DECEDENT'S NAME (First, Middle, Last) TUANITA		MURRAY		2. DATE OF DEATH MONTH	6 1995	3. TIME OF DEATH 2:05 A M
4. SOCIAL SECURITY NUMBER 217 – 24 – 1765	1 ☐ M 2XXF		FUNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN.	44.4 44 65 14 1	Co	HTHPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give s UNION ME		SPITAL	BALTIMORE	CITY	9c. COUNTY O	of DEATH
10a. STATE 10b. COUNTY	N/a	10c. CITY, T	OWN OR LOCATION a- BALTIM	ORE		10d. INSIDE CITY LIMITS? VX YES 2 \(\square\) NO
100. STREET AND NUMBER 1052 N.	MILTON ST	REET	101, ZIP CODE 21205		UNITED	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 WMidowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specifly Yee or No Black, Whitia, atc.) 14. RACE — American if yee, specifly Cuban, Maxican, Puerto Rican, atc.) 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specifly Yee or No Black, Whitia, atc.) 16. PORCES? 1 YES 2 NO Specifly NO Specifly SLACK						
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 TH	CATION completed) Coffege (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during most of working		SCHORE SCHO	
17. FATHER'S NAME (First, Middle, Last) JOSEPH ROBINS	SON		16. MOTHER'S I	NAME (First, Middle, Melder SEY THOMPS	-	
	DWSE		N. MILTON A			MARYLAND#05
20s. METHOD OF DISPOSITION 1 O'Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AND DATE OF C	PlaceCEMETERY	1,11 LA	NSDOWNE	, MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LICENSES WM. C. MARCH FH1101 E. NORTH AVENUE						H AVENUE
23. PART I. Enter the diseases, or shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. A CULL DUE TO 100 A	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	Nasophayse Nasophayse Obstructu	geal Blo geal Blo y Cance	iratory srrest,	Approximate interval Between Onset and Death Whow Many
PART II. Other significant condition	Hypertens Anema	OF DEATH YES	□ NO □ UNCERTA	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	26. PLACE DF DEATH (O'Dutpatient 3 DOA 4	Check only one) THER: Nursing Home 5 Residence	e 8 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yea	RY 28b. TIME O	F 28c, INJURY AT	28d. DESCRIBE HOW	NJURY OCCURED	
3 Suicide 8 Could not be determined	28e. PLACE OF INJU- building, stc. (S	JRY — At home, farm, stree Specify)	et, factory, office	281. LOCATION (Street City or Town, State	and Number or Rui	ral Route Number,
one) 2 MEDICAL EXAMINE	R: On the basis of exemine		t the time, deta and place, and den my opinion, death occured at fi			se(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIEF	loyae.	83	AT SHE	UMBER 38946-F22	29d, OATE SIGN	NED (Month, Day, Year)
30. NAME AND ADORESS OF PERSON WH	Uon Kenc	ical HE	Spital		,	
31. DATE FILED (Month, Day, Year) JAN 1 0 1995	32. REGISTRAR'S SI	GALIL				

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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DHMH-16 Rev 1/89

TENDENCE PHYSICIAN: The law requires that the death certificate be executed within a four ster death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should not after the state Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

SION OF VITAL RECORDS, P.O. BOX 68760,

Item # 12 Film # g 719 1-10-95 N.A. Per funeral home
FOR
STATE OF MADVISUR.

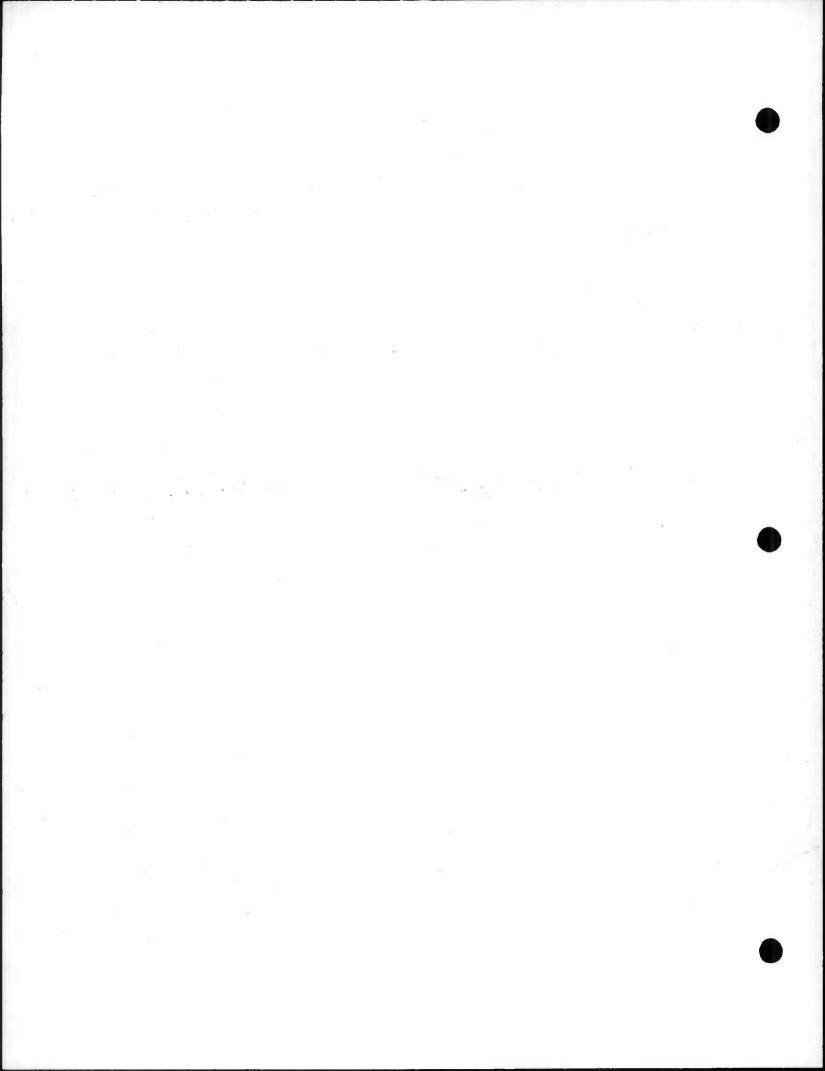
STATE OF N	ARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IEN
	CF	PRTIFICATE	O	DEAT	H		DEO	NIO

	REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH		
	Edward Morning			MONTH DAY	95 611 Am		
		_	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH	BIRTHPLACE (State or Foreign Country)		
	215-10-4986A 1/2 M2 DF	X Z_YRS.	MONTHS DAYS HOURS MIN.	JUL 27,1912	CAROLINA		
l ~	9s. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN OR LOCATION OF E		COUNTY OF OEATH		
0	1011 BRENTWOOD AVENU	JE	BALTIMORE M	ARYLAND	n/a		
DIRECTOR	10a. STATE 10b. COUNTY	10c, CITY,	TOWN OR LOCATION		10d. INSIDE CITY		
H	MARYLAND	1	BALTIMORE		Y LIMITS?		
A P	10s. STREET AND NUMBER		101. ZIP CODE	10g	. CITIZEN OF WHAT COUNTRY?		
FUNERAL	1011 BRENTWOOD AVENU	JE	21202	UN	IITED STATES		
5	11. MARITAL STATUS 12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yea or No	0— 14. RACE — American Indian, Black, White, etc.		
BY F	1) Never Married 2 Married FORCES? 1 FYES, GIVE WAR	OR DATES AA	If yes, specify Cuben, Maxic		SpecifiBLACK		
	15. DECEDENT'S EDUCATION	La constant					
	(Specify only highest grade completed)	(Give kind of wo	JSUAL OCCUPATION ork done during most of working retired.)	16b. KIND OF BUSINES	S/INDUSTRY		
PL	Elementary/Secondary (0-12) College (1-4 or 5+)	TRUCK	DRIVER	n/a			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		16. MOTHER'S N	AME (First, Middle, Maiden Surna	me)		
BE C							
TO B	19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number or Rura				
F	HENRY MORNING	1726	FREEDOMWAY NOR	TH, BALTIMORE	, MARYLAND #13		
	20s. METNOO OF DISPOSITION 20th Burlei 2 Cremetion 3 Removal from State 20th PLACE AND DATE OF DISPOSITION (Name of Congression Cremetics) Company of Co						
	4 Donation 5 Other (Specify) 21. SIGNATURE/OF FUNERAL SERVICE LICENSEE	GARRISUN			MILLS, MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	//	22. NAME AND ADDRESS OF F				
	All block	and			NORTH AVENUE		
	23. PART /. Enter the diseases, or complications that co shock, or heert failure. Liet only one ceuse	aused the death. Do no	ot enter the mode of dying, su	ch se cardlec or reepirator			
	IMMEDIATE CAUSE (Fine)				interval Between Onset and Death		
1 1	disease or condition a. Affects	clerotic (ausivasculo	1 oliseans	- lunk		
	OUE TO (OR AS A CONSEQUENCE OF):						
ON	Sequentially list conditions, DUE TO (OR	R AS A CONSEQUENCE OF)					
TA!	cause. Enter UNDERLYING	The A compression of	i				
CERTIFICATION	thet mitiated events	R AS A CONSEQUENCE OF)	·				
ᇤ	resulting in death) LAST						
	PART II. Other algnificent conditions contributing to de-	ath but not requiting in	the underlying cause glyen is	Part I. 24s. WAS AN AUTO			
DICAL		an but not resuming m	the diderlying codes given in	PERFORMED?	AMALABLE PRIOR TO		
<u> </u>				1 G YES 2 G	OF DEATN?		
. ME	DID TOBACCO USE CONTRIBUTE 1	TO CAUSE OF	DEATH YES NO	<u>-</u> •	1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C				
Sic	EXAMINER? 1 YES 2 NO 1 Inputient 2 EF		OTHER: 4 Nursing Home 5 Realdence				
¥	27. MANNER OF DEATH 28s. DATE OF INJ	JURY 26b. TIME	OF 28c. INJURY AT	28d. DESCRIBE NOW INJURY	Y OCCUREO		
ВУ Р	1 Naturel 5 Pending (Month, Day, 1) 2 Accident Investigation	Year) INJU	M 1 YES 2 NO				
	ACCIDENT	NJURY — At home, farm, str	reet, tectory, office	281. LOCATION (Street and Nu	imber or Rural Route Number,		
COMPLETED	4 Nomicide determined	(japony)		City or Town, State)			
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my	knowledge, death occurred	st the time, data and place, and du	e to the cause(s) and menner a	a stated.		
OM	one) 2 MEDICAL EXAMINER: On the besis of axam						
	29b. SIGNATURE AND PAGE OF CENTRER		29c. LICENSE NU	MBER 29d	. DATE SIGNED (Month, Day, Year)		
3 BE	Man Mo) RESIDE	ENT OGE	73	1/7/95		
2	30. NAME AND AND ESS OF PERSON WHO COMPLETED CAUSE OF	OF DEATN (ITEM 27) (Type, I	Print)	/ A			
	CHARLOTTE KRATE 10 N	· Greene S	t Baltin	nove VA			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S						
	1AN 1 0 1995 Juli Study	or hardell					

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DALLESONE, MARIENA	e hos	stache		nce.	
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	ath c	tendi	al Hy	6	I
	TO THE 44CSP OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE PLINERAL TOWN A TIME THIS Certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; uz. Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	Ì
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	requ	Deen	0	sho	I
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	D TH	E O	e file		
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	1 - STATE REGISTRAR	STATE OF N	IARYLAND / Ce	DEPAR	ITMEN ICATI	TOFH EOF	EALTH DEAT	AND I	MENTAL	HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Lest)	Gilbert	Peter	Mey	/er				2. DATE OF Janua	F DEATH	š, 19	995	3. TIME OF DEATH 9:20 D. M
	4. SOCIAL SECURITY NUMBER 217-09-5815	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7 DATE OF	BIRTH Day, Year)	920		PLACE (State or Foreign) Maryland
OR		Raven Nursing Center Baltimore Baltimore Baltimore						EATH					
DIRECTOR	PRESIDENCE OF DECEDENT 100. STATE Maryland	Baltimo	re	10c. CIT	Y, TOWN	OR LOCAT		kvil	lle				10d. INSIDE CITY LIMITS?
FUNERAL I	100. STREET AND NUMBER	Wentwort				10f.	ZIP CODE	1 TES 2 NO				WHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT FORCES? 1 IF YES, GIYE W	TEVER IN U.S. ARM	IED O		WAS DECE	city Cuba	n, Maxica	IIC ORIGIN? (n, Puerto Ric	Specify Yes an, atc.)			— American Indian, c, White, etc.
TED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade	CATION IS. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working						IND OF BUS	INESS/IN		" White		
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)	3 CoHego (1-4 or 5+) Letter Carrier U.S. Gov't.											
BE		Peter Meyer 16. MOTHER'S NAME (First, Middle, Melden Surname) Mada Tolle 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
9	Betty L. Meyer	Betty L. Meyer 1726 Wentworth Ave. Baltimore, Maryland 21234											
	4 Donation 5 Other (Specify) Parkwood Cemetery 1/10/95 Baltimore Maryland						Maryland						
	22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc. 5305 Harford Road Baltimore, Md. 21214 23. PART I. Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate						,						
	23. PART I. Enter the diseaset/or c shock, or heert failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	e on/each line.										Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEON	JENCE OF		m	pl	ie	ati	· 6'	?	57.	Z
MEDICAL O	PART II. Other algnificent conditions	contributing to	deeth but not re	sulting	n the ur	nderiying	cause g	lven in i		PERFORM	AED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN: N	DID TOBACCO USE CONTR	RIBUTE TO CAL	JSE OF DEAT				UNC	ERTAIN	10		•=		1 YES 2 NO
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER	3:	5 🗆 Res	sidence	6 🗆 Other (S	Specify)			
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da	y, Year)		M M		RY AT IK? ES 2	NO NO	28d. DESCR				
ETED	3 Suicide 8 Could not be 4 Homicide determined	building, s	INJURY — At hom fc. (Specify)							lown, State)			oute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER												and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	hace	2				29c, LICE	NSE NUM	43		29d. DAT	E SIGNED	(Month, Day, Year)
	Dr. Hans Koetti	ner, M.D.	7600			rive	Su	ite	316	Tows	on, I	Mary:	land
	JAN 1 0 1995	32. REGISTRAF	I'S SIGNATURE										



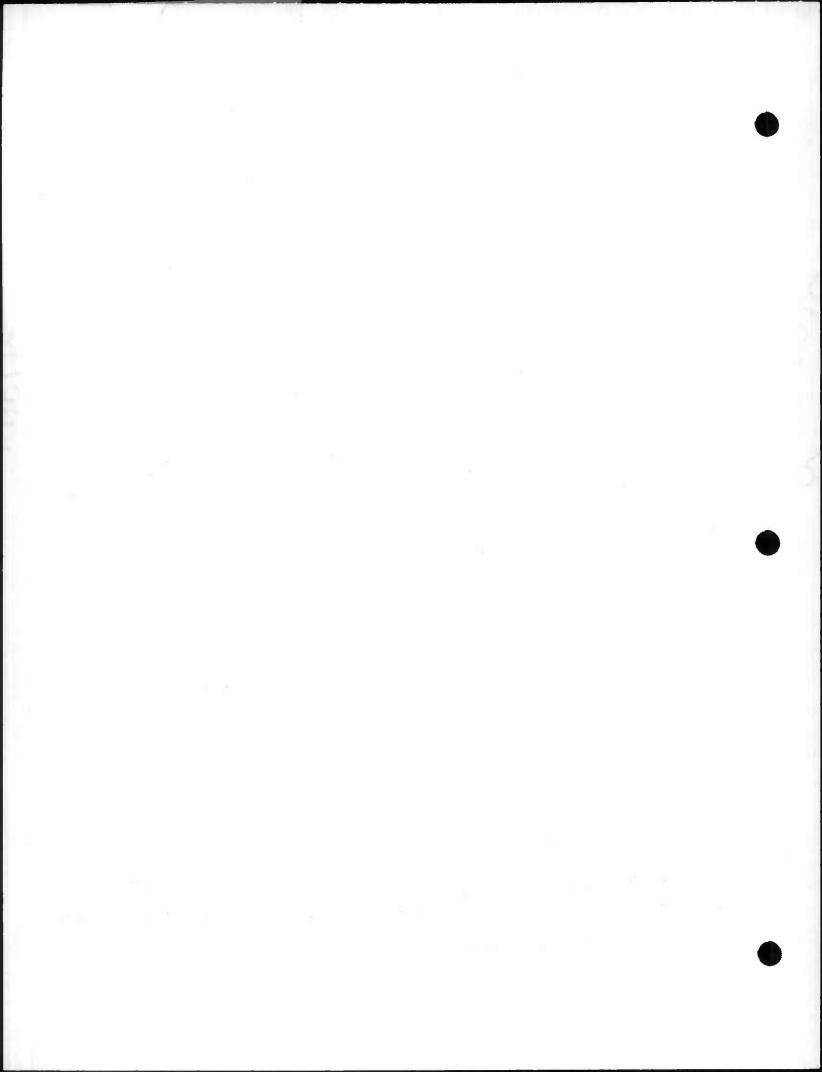
ITEMS: 23 PART 1, 27, PER MEO FILM G-720 2/2//95 t.t.

OR TTENDING PHISIOLAN: The law requires that the death certificate be executed within the four after death. Page 6 may be retained by the hospital or attending physician.

Different from this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hospitally with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68769

STATE OF MAR	YLAND / D	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	CEI	DTIEICATE	O	DEAT	TAJ .		

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG	i. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TH		3. TIME OF DEAT	н
	JEWEL E	MO.	ORE			JAN.	DAY	YEAR	1151	
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	/	95	1151	Ам
	None	Τ½ M 2 □ F	YRS.	MONTHS DAY		(Month, Day, Y		Country	PLACE (State or Fo	reign
		21	rns.	4		Sept.	14/94	Mar	cyland	
-	9a. FACILITY NAME (If not institution, give a			96. CITY, TOW	OR LOCATION OF D	EATH	9c. COU	NTY OF D	EATH	
Ö	HARBOR HOSPITA	AL E.R.		BALT	IMORE C	ITY				-
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v								
DIRECTOR		•		Y, TOWN OR LO					10d. INSIDE CITY LIMITS?	
	Maryland		B	alto.C	ity, Md.				1 XYES 2	NO
I ₹	10. STREET AND NUMBER				101. ZIP CODE		10g. CIT	ZEN OF W	HAT COUNTRY?	
1 5	113 E.Barr	ney St.			21230		Uni	ted	States	5
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS D	ECENOENT OF HISPA	NIC ORIGIN? (Spec	Ify Yes or No-		- American India, White, atc.	
	1 Never Married 2 Married	FORCES? 1 YES	DATES X		specify Cuban, Maxica ES 3/1 NO Specific		lc.)	Black	, White, atc.	
B	3 Widowed 4 Divorced			_ ''''	ra Mr Shecii	у.		Speci	White	
COMPLETED	15. DECEDENT'S EDU	CATION	16e. DECEDENT'S	USUAL OCCUPA	TION	16b, KIND (OF BUSINESS/INC			
H	(Specify only highest grade	College (1-4 or 5 +)	(Give kind of	work done during se retired.)	most of working			1,5		
굽	None -	Conege (1-4 or 5+)		None			None			
S	17. FATHER'S NAME (First, Middle, Last)			VOILE	10 MOTHERIC NA	ME (First, Middle, N				
		Robert	T. Moo.	~ ~	Latis			3		
띪	19a. INFORMANT'S NAME (Type/Print)	MODELU). Bra		a	
2	Ms.Debra A.Co	01-			t and Number or Rural					
100		OOK	1001	SK1 La	ne,Mill	ersvill	Le, Ma.	211	.08	
	20s. METHOD OF DISPOSITION 1 ↑ Burisl 2 □ Cremation 3 □ Ram	ovel from State C	0b. PLACE AND DATE	OF DISPOSITION	Name of	DATE 20	oc. LOCATION —	City or Tox	wn, Stata	
	4 T Donation # D Other (Specify)		Glen Ha	ven Me	m.Park,	1/11/95	Glen	Bur	nie, Md	i. – li
	21. SIGNATURE OF PUNERAL SERVICE LIC	CENSEE //	1	22. NAME	AND ADDRESS OF FA	CHITY	lto.M			
	► A break	y 1/20	lin.	MCC	ully Fu					7 ***
	23. PART I. Enter the diseases, or o	A - I - I - I	100							
	ahock, or heart failure.	List only one cause on	each lina.	not anter tha r	node of dying, suc	n as cardiac or	respiratory an	reat,	Approxime interval Be	
	IMMEDIATE CAUSE (Finel								Onset and	
	disease or condition reaulting in death)	. SUDDEN INFAM	NT DEATH SY	NDROME						
1 1		OUE TO (OR AS	A CONSEQUENCE O	F):						
Z	S	b							ļ	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):						
3	CAUSE (Disease or injury	c								
	that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):						
E	resulting in death) LAST	d.							ļ	
DICAL	PART ii. Other aignificant condition	a contributing to death	but not resulting	in the underly	ng causa given in		AS AN AUTOPSY	24b.	WERE AUTOPSY FIR	NDINGS
						1 1/	ES 2 NO		COMPLETION OF C	
ME						1			1 YES 2 N	
=	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEATH YE	S \square NO	UNCERTAI	ΝП				.
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEAT							
100	EXAMINER? XIXYES 2 \(\square\) NO	HOSPITAL:	doctions 2 7 DOs	OTHER:	20 Maringer			_		
PHY	27. MANNER OF OEATH	1 ☐ Inpetlant ZV XER/Ou 28a. OATE OF INJURY			ome 5 Residence					
	1 X Netural 5 Pending	(Month, Day, Year)		URY	VORK?	28d. DESCRIBE I	10W INJUHY OC	CURED		
B	2 Accident Investigation				YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUF building, atc. (Sp	RY — At home, farm, i secify)	street, factory, of	ica	28f. LOCATION (S City or Town,	Street and Number State)	or Rural Ri	oute Number,	
E										
1 2 1	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my kno	wledga, daath occum	ed at the time, de	te and place, and due	to the cause(s) an	d manner as stat	ed.		
COMPLET		R: On the basis of examinat							and manner as st	sted.
	29h BIGHATURE AND TITLE OF CERTIFIES									
8	11.1	1, 1			29c. LICENSE NUI				(Month, Day, Year)	
2	My More	M. 149	Mix	7	O.C.M	• E	J	AN.	8,1995	
, ,	TZ A TAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D								
	TEODORE /			Stree	t, Balt	ımore,	Maryl	and	21201	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE			-				
	IAN 1 0 1995 Ju	lin Davoleon Ra								



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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	DO ATTENDIAL DUVELOIAN. The last securiors the death entitions to secured within
5	MILE
2	TEAL
>	Dr. Oc
3	0

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTA	MENT OF H	EALTH AND		GIENE G. NO.		
1. DECEDENT'S NAME (First, Middle, Lest)		02.1111110	AIL OI	DEATH	2. DATE OF DEA		3	. TIME OF DEATH
Lillie M	9700				MONTH	3 9	YEAR	10:401 M
4. SOCIAL SECURITY NUMBER 5.			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT			ACE (State or Foreign
237-50-1152 1 9e. FACILITY NAME (If not institution, give street	2121	/ 1 YAS.	HTHS DAYS	HOURS MIN.	11-12	2-23	Country)	N.C.
University Hos		91		DR LOCATION OF DE	EATH	9c. COUN	TY OF DEA	тн
RESIDENCE OF DECEDENT	pitai		ватт	imore				
10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	TION			16	Dd. INSIDE CITY
Md		Ba1t	imore				3	LIMITS?
10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZ	EN OF WH	AT COUNTRY?
1800 Hollins S	treet apt.	108E		21223			USA	100
	2. WAS DECEDENT EVER IN U.	S. ARMED		ENDENT OF HISPAN			14. RACE -	- American Indian,
1 Never Married 2 Merried \$\infty \text{Wildowed} 4 Divorced	IF YES, OIVE WAR OR DATE			ecify Cuben, Mexica XXNO Specif		(C.)	Specify:	White, etc.
			<u> </u>					Black
15. DECEDENT'S EDUCATI (Specify only highest grade con	ION 16 npleted)	(Give kind of work life. Do NOT use re	done during ma	ON st of working	16b. KINO (OF BUSINESS/IND	USTRY	- 30
Elementary/Secondary (0-12)	College (1-4 or 5+)	Domesti			i			
17. FATHER'S NAME (First, Middle, Last)		Domesci		Date of the last o				
17. PAIREN S NAME (FIRST, MIDDIN, LIIST)				18. MOTHER'S NA	ME (First, Middle, A	felden Surname)		
19e. INFORMANT'S NAME (Type/Print)		405 4444 100 40	2000 (0)					
Luther C. Moore	p			ct. Jop				
20e. METHOD OF DISPOSITION		ACE AND DATE OF D						
N Buriel 2 ☐ Cremation 3 ☐ Removal 4 ☐ Donetion 5 ☐ Other (Specify)	I from State cemeter	y, crematory or other	place)			De. LOCATION — C		
at Signature of Funeral Service Licens		na Memo		Park ID ADDRESS OF FA		Baltim	ore,	MD
Dames a.	Morton		Jame	s A. Mo Laurer	rton &			ral Homes
23. PART I. Enter the diseeses, or com	plications that ceused th	e deeth. Do not						Approximeta
hock, or heart fallure. Lies	t only one ceuse on eech	line.				, ,		Interval Batwean Onset and Death
disease or condition	11.1.11	.\	ax.	: 14.	100			Onset and Death
resulting in death) a	Un do tin	NSEQUENCE OF:	120	i from	The s	>		-
	a for	Ex	500	batic	4.0			
Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE OF):						
cause. Enter UNDERLYING CAUSE (Disease or Injury	Line Se	45,5		Vanc	o Nesis	1 Ente	Mr.	2.4
that initiated eventa	DUE TO (OR AS A CO	NSEQUENCE OF):						
resulting in death) LAST								
PART II. Other algnificent conditions c	ontributing to death but	not resulting in t	he underlular	r causa alvan la	Bort I Draw	AS AN AUTOPSY		ERE AUTOPSY FINDINGS
Registens V	1 elice	\ \	ine dilderlying	g cadae given in	PI	ERFORMED?	Al	MILABLE PRIOR TO
1.1.1.	work .				1 🗆 Y	ES 2 DO		OMPLETION DF CAUSE F DEATH?
DID TODA CCO LICE CONTRID			V =			- 1	1	YES 2 NO
DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL				UNCERTAI	1			
EXAMINER?	OSPITAL:	PLACE OF DEATH (THER:					
1 VES 2 NO	Inpetient 2 ER/Outpetie			e 5 🗌 Residence				
1 Netural 5 Pending	(Month, Day, Year)	28b. TIME O	y Wo	AK?	28d. DEŞCRIBE I	HOW INJURY OCC	URED	
2 Accident Investigation	One DI ACE OF IN HIEW	44.5		rES 2 NO				
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify)	At nome, tarm, stree	et, factory, offic	•	281. LOCATION (S City or Town,	Street and Number (State)	or Rurai Rou	te Number,
and Commission								
(Check only	N: To the best of my knowledg On the besis of examination en							nd manner ea stated,
29b. SIGNATURE AND TITLE OF CERTIFIER	Δ.			29c. LICENSE NUI				lonth, Day, Year)
	1			777	2 <	▶ 1	1	100
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETEO CAUSE OF OEATH	(ITEM 27) (Type, Prin	nt)	T	7		1 3/	73
J. LEE .	12 5.	Gree		St.	Bali	ti mure	M	02120)
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	RE Jatt						

is the standing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE MOSPIAL OR ATTENDING PATCHOLOGY. The law inquires that the death certificate be executed within the hours after death. Page 6 may TO THE PUREAL DIRECTOR. After the configuration in the hours director, page 6 may be fined within 72 hours after death with interesting the properties of the properties of removal. IMPORTANT: If them 21 is marked, or them 23 hours any Injury, or other traumatic event, the medical examiner must be TAL RECORDS, P.O. BOX 68760

notified at once. 3

DIVISION

	95-0118-510 blh)					95	00366
	FOR 1 • STATE REGISTRAR	STATE OF MARYL			OF HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, L	Last)	OLIII	MICAIL	OI DEAIII	2. DATE OF DEATH		3. TIME OF DEATH
	Jerome	Mye	ers			Jan 08	3 1995	0111 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birth			7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign intry)
	212-30-8742	12 M 2 D F 61	YF	RS. MONTHS	DAYS HOURS MIN.	5-4-33		MD.
~	9s. FACILITY NAME (If not institution, g	give street and number)		9b. CITY, 1	OWN OR LOCATION OF DE	EATH	9c. COUNTY OF	DEATH
DIRECTOR	Harbor Hospi	<u>ital</u>		В	altimore			
EC	10a. STATE 10b. CO		100	CITY, TOWN OR	LOCATION			10d. INSIDE CITY
	MD.			BALTO	. CITY			LIMITS?
FUNERAL	10a. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
삘	1206 CHERRY H	HILL RD. APT	. E		21225		USA	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	1 VNO		S DECENDENT OF HISPAN		or No — 14, RA	CE — American Indian, ick, White, atc.
BY	3 Widowed 4XXDivorced	IF YES, GIVE WAR OR DA	TÉS 1	1 (YES 2 XNO Specifi	y:	Spi	ecity:
	15. DECEDENT'S	EDUCATION	16a. DECEDE	NT'S USUAL OCC	UPATION	16b. KIND OF BU	D L SINESS/INDUSTRY	LACK
Щ	(Specify only highest of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do N	id of work done du IOT use retired.)	ring most of working	93.30		
COMPLETED	unknown	unknown	CONS	TRUCTI	ON WORKE	R		
	17. FATHER'S NAME (First, Middle, Last	,			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BE	JEROME W. M) 19a. INFORMANT'S NAME (Type/Print)		1				YERS	
2	DORIS BRADLEY				Street and Number or Rural		n, State, Zip Code)	
	20a, METHOD OF DISPOSITION	205	BI ACE AND D	ATE OF DISPOSIT	RRY HILL		CATION — City or	Town State
	1X Burlal 2 Cremation 3 1 1 4 Donation 6 Other (Specify)	Removal from State cem	etery, crematory	y or other plece) ION CE				IS FERRY RD
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. N/	ME AND ADDRESS OF FA	CILITY		S PERRI RD
	1 /2 6	andl			LTIMORE M CARROLL F			T A XI TO
	23. PART I. Enter the diseeses,	or complications that caused	the death.	Do not enter the	ne mode of dying, suc	h as cardiac or reepi	ratory arrest,	Approximeta
	ahock, or heert fellu	ure. List only one ceuse on ed	ech line.		,			Interval Between Onset and Death
	disease or condition resulting in death)	Pontine	He	work	ele			
		DUE TO (OR AS A	CONSEQUEN	CE OF):	0			
8	Sequentially list conditions,	DUE 70 100 10	22425245					
Ē	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSECUENC	CE OF):				1
RTIFICATION	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A	CONSEQUENC	CE OF):				<u> </u>
	resulting in death) LAST	d,						
CE	PART II. Other aignificent condi	litions contributing to death b	ut not requit	ing in the und	rhina ceuse alves is	Part I. 24s, WAS AN	AUTOPSY 24	
MEDICAL		The second secon	at not resurt	ang in the uno	strying couse given in	PERFOR	MED?	NAILABLE PRIOR TO COMPLETION OF CAUSE
						1 YES 2	NO	OF DEATH?
2	DID TOBACCO USE CO	NTRIBUTE TO CAUSE O	F DEATH	YES 🗆 N	O UNCERTAIN	VI line	tref	1 YES 2 NO
AA	25. WAS CASE REFERRED TO MEDICA EXAMINER?	AL		DEATH (Check on		10		
PHYSICIAN:	1 X YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐XER/Outp	etient 3 🗆 Do	OTHER:	g Home 5 🗆 Residence	6 Other (Specify)		
H	27. MANNER OF DEATH Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	26b	INJURY	Bc. INJURY AT WORK?	28d, DESCRIBE HOW I	NJURY OCCURED	
BY	2 Accident investigati			М	1 YES 2 NO			
6	3 Suicide 6 Could not 4 Homicide datermine		— At nome, is fy)	irm, atreat, factor	y, office	281. LOCATION (Street a City or Town, State)		I Route Number,
	29a. CERTIFIER	DUVELCIANT To the best of my beauti	adas death se					
COMPLETED		MINER: On the best of my knowledge.						o(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERT				29c, LICENSE NUM			ED (Month, Day, Year)
BE	71.	1. 7	-/	22		111		

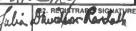
29d. DATE SIGNED (Month, Day, Year) <u>Jan</u> 0.8 1995

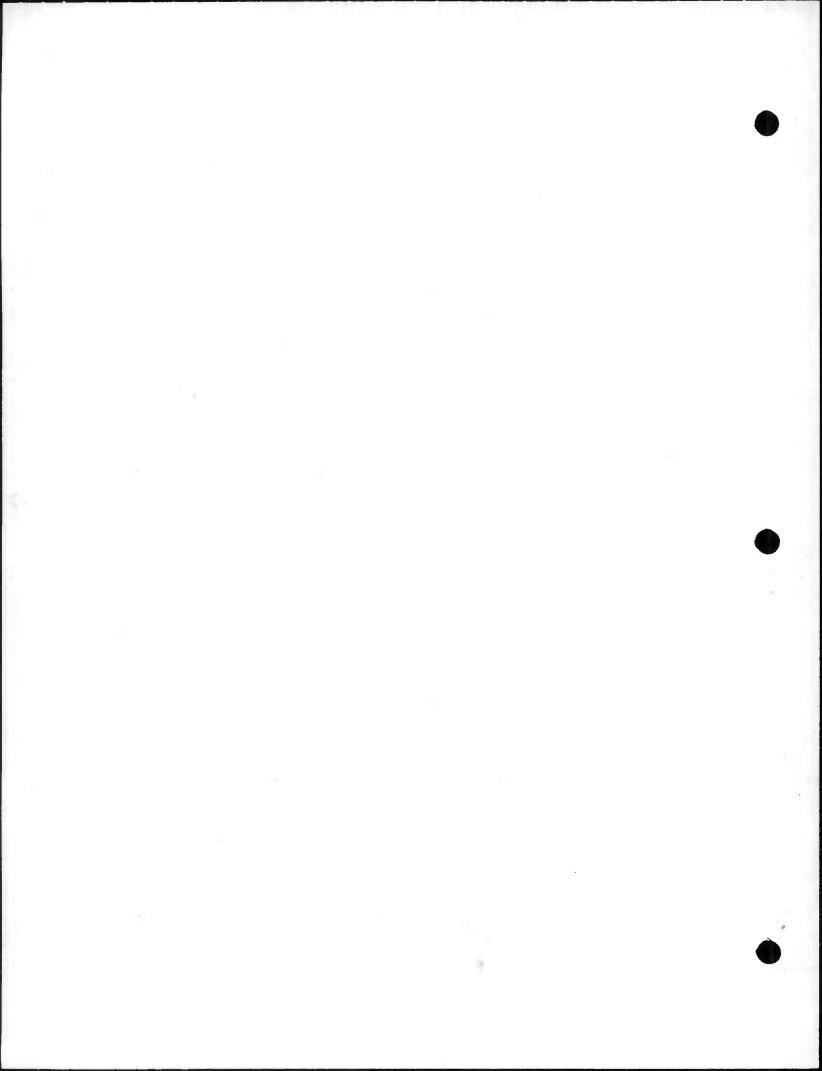
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Penn Street. Baltimore, Maryland

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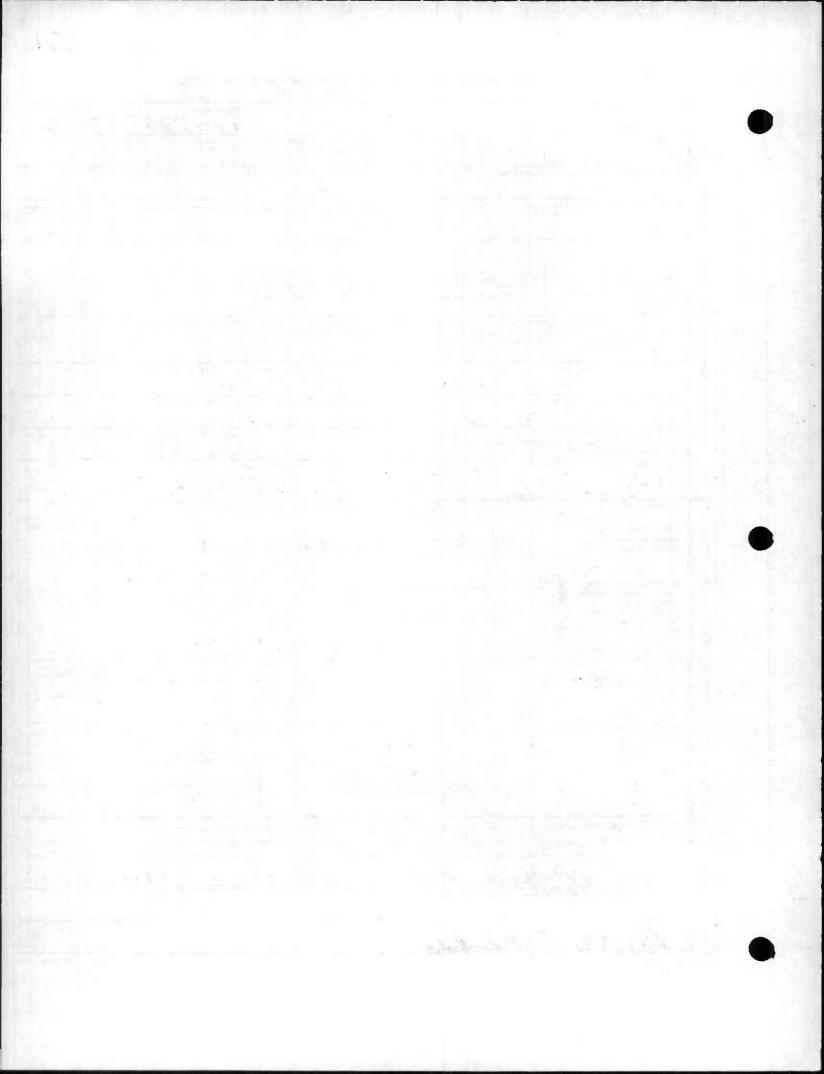




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DIVISION OF VITAL RECORDS, P.O. B

	1. DECEDENT'S NAME (First, Middle, La	st)	CERTIFIC	2. DATE	REG. NO.	3. TIME OF DEATH						
	Beckmann	16 par 9	5 YEAR	3:55								
	4. SOCIAL SECURITY NUMBER 214146981	5. SEX 6. AGE (MO	UNDER 1 YEAR IF UNDER 24 HOURS IN	III. Mor	OF BIRTH	Coun	HPLACE (State or Formy) ryland				
~	9a. FACILITY NAME (If not institution, gh		96	CITY, TOWN OR LOCATION	OF DEATH	9c. C	OUNTY OF I	DEATH				
DIRECTOR	Church Hospit	a1		Balti	more	_		_				
JEC	10e. STATE 10b. COU	NTY	10c. CITY, TO	OWN OR LOCATION				10d. INSIDE CITY				
	Md.		Ba1	timore				YES 2 1				
JAE	10e. STREET AND NUMBER			101. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?				
FUNER	4106 Ardley			21213 U.S.A.								
BY FU	1 Never Married 2 Married 5 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF H If yes, specify Cuben, N 1 YES 2 NO	Spec	*						
ED	15. DECEDENT'S E (Specify only highest gr	DUCATION	16a. DECEDENT'S USU	JAL OCCUPATION done during most of working	16	b. KIND OF BUSINESS.		ite				
ET	Elementary/Secondary (0-12)											
COMPL	12 yrs		State		Md.							
	17. FATHER'S NAME (First, Middle, Last) William Barn	0.5				Middle, Meiden Surnem	•)					
BE	198. INFORMANT'S NAME (Type/Print)	y Ran		Zin Carlet								
5												
Н	20s. METHOD OF DISPOSITION 20b. PLACEAND DATE OF DISPOSITION / Name of DATE 20c. LOCATION — City or Town, State											
	4 Donation 6 Other (Specify) Parkwood Cemetery 1-10-95 Balto., Md.											
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE Edison	M Dorkin	22. NAME AND ADDRESS	OF FACILITY			21224				
) W Souls		D00083	Moran-As 3000 E. Ba	Shton	Funeral	Home Balte	e, Inc.				
ATION	reculting in death) Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):	ILVAÉ.				TONTH				
0	CALISE (Disease or Injury	that initiated events resulting in desth) LAST DUE TO (OR AS A CONSEQUENCE OF):										
ERTIFICATION		d										
빙	that initiated events	d.	ut not resulting in t	he underlying ceuse give	en in Part I.	24s. WAS AN AUTOP	SY 241					
MEDICAL CE	that initiated events resulting in desth) LAST		ut not resulting in t	he underlying ceuse give	en in Part I.	24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO		AVAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?				
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COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significent conditions and the significent conditions are significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1/K Inpetient 2 ER/Outp 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (Special Section of the Best of my known the Best of the Best	estient 3 DOA 4 DO	26. PLACE OF DEAT THER: Nursing Home 5 Reside F 26c. (NJURY AT WORK? M 1 YES 2 N M, factory, offics t the filme, date and place, an n my opinion, death occured a	TH (Check only of once 6 Oth 28d. DE O 261. Lo. City of dus to the case at the time, dat	PERFORMED? 1 YES 2 NO or (Specify) SCRIBE HOW INJURY CATION (Street and Num or Town, State) MUSE(s) and menner as a and place, and dus to	OCCURED stated, o the cause	AMAILABLE PRIOR TOMPLETION OF CU OF DEATH? 1 VES 2 N Route Number,				
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COMPLETED BY PHYSICIAN: MEDICAL CE	that Initiated events resulting in desth) LAST PART II. Other significent condit SELESTIPE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation of the process of the proc	HOSPITAL: 1 Popelient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (Special Section of the basis of examination of examination	estient 3 DOA 4 1 28b. Time Of INJURY — Al home, term, streetily) ledgs, deeth occurred at a sad/or investigation, is	28. PLACE OF DEAT THER: Nursing Home 5 Reside F 28c. INJURY AT WORK? 1 YES 2 N pit, factory, office	TH (Check only of once 6 Oth 28d. DE O 261. Lo. City of dus to the case at the time, dat	PERFORMED? 1 YES 2 NO or (Specify) SCRIBE HOW INJURY CATION (Street and Num or Town, State) MUSE(s) and menner as a and place, and dus to	OCCURED stated, o the cause	AMALABLE PRIOR I COMPLETION OF CL OF DEATH? 1 YES 2 N Route Number,				
BE COMPLETED BY PHYSICIAN: MEDICAL CE	That Initiated events resulting in desth) LAST PART II. Other significent condit SESS. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigated Investigated Investigated 4 Pomicide detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER A.	HOSPITAL: 1 Popelient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (Special Section of the basis of examination of examination	Petient 3 DOA 4 DOA 4 END TIME DO HNJURY — All home, term, streed by the street of th	28. PLACE OF DEAT THER: Nursing Home 5 Reside F 28c. INJURY AT WORK? 1 YES 2 N pit, factory, office	TH (Check only of once 6 Oth 28d. DE O 261. Lo. City of dus to the case at the time, dat	PERFORMED? 1 YES 2 NO or (Specify) SCRIBE HOW INJURY CATION (Street and Num or Town, State) MUSE(s) and menner as a and place, and dus to	OCCURED stated, o the cause	AMALABLE PRIOR I COMPLETION OF CL OF DEATH? 1 YES 2 N Route Number,				



DYNION OF VIEW	MPORTANT: if item 28 is marked, or item 23 mover may make my more traumatic event, the medical examiner must be notified at once.
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1 - STATE STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

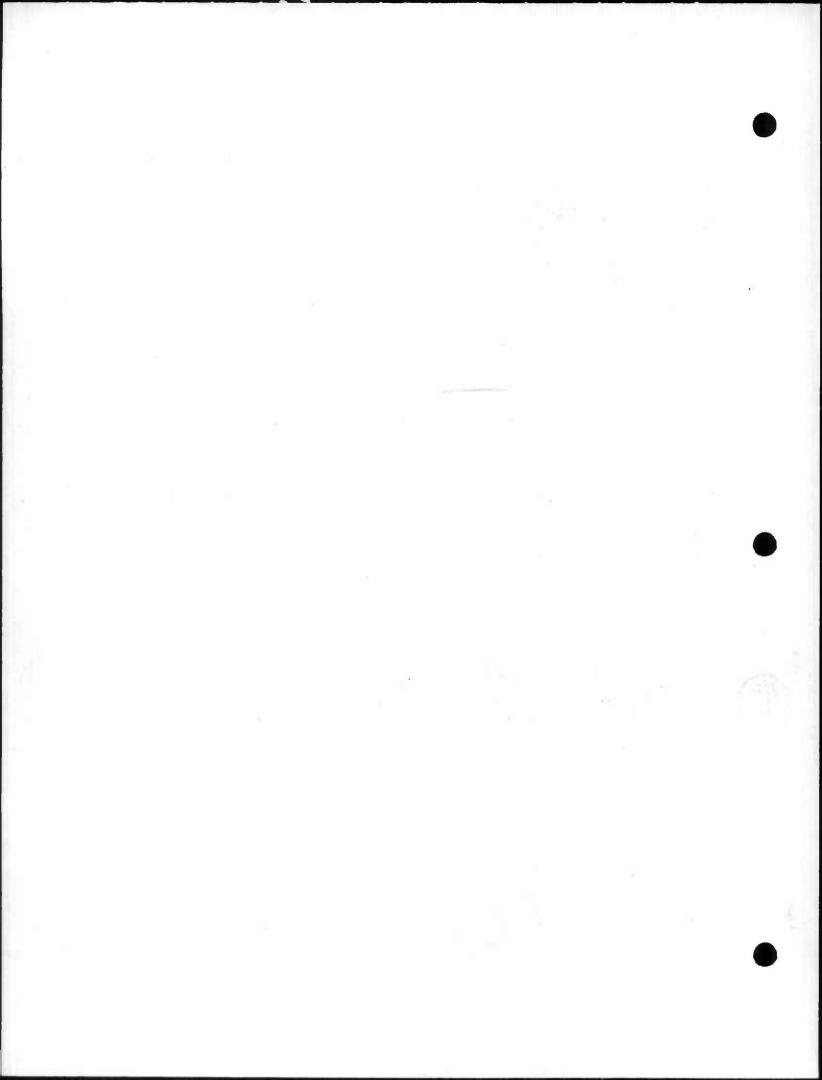
Mary Virginia Miller

Miller

AREG. NO.

2. DATE OF DEATH MONTH DAY January

- 6	1. DECEDENT'S NAME (First, M	fiddle, Last)		4 4						2. DATE OF D	EATH			3. TIME OF DEATN
	Mary Virg	inia	Miller							Janu	arv	ry 4,1995 P M		
	4. SOCIAL SECURITY NUMBER	R I	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BI	IRTN	- /	a. BIRTH	IPLACE (State or Foreign
. 9	217-38-19	67	1 🗌 M 2X F	91	YRS.	MONTHS	DAYS	HOURS	MIN.	A 11 CT		19	Count	Virginia
	9e. FACILITY NAME (If not instit	tution, give stre	et end number)			9b. CITY	Aug. 30,1903 Vir							
Œ	BAy View 1	Medic	al Cen	ter								00.000		
DIRECTOR	RESIDENCE OF DECE		ar cen	CEI		Baltimore								
3EC	10e. STATE	Ob. COUNTY			10c. CIT	10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY								
O	Md.					RA1+	1	***						LIMITS?
AL	10e. STREET AND NUMBER							f. ZIP COD	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
ER	406 South	Corn	wall S	Treet				2122	24	U.S.A.				
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	TEVER IN U.S. A	RMED	13.	WAS DEC	CENDENT (OF NISPAN	IC ORIGIN? (Sp	ecify Yee	or No-	14. RACI	E — American Indian.
	1 Never Merried 2 Me		FORCES? 1 IF YES, GIVE W	YES 2 TAR OR DATES	NO			ecify Cube		, Puerto Rican,	, atc.)		Speci	k, White, atc.
BY	3 Widowed 4 Divorce	ed						X	opeany				Whi	
COMPLETED	15. DECED (Specify only hi	DENT'S EDUCA	TION	18e. D	ECEDENT'S Give kind of	USUAL O	CCUPATIO	ON of work	ina.	16b. KIND	OF BUSI	NESS/IN		
Щ	Elementary/Secondary (0-12) #	e. Do NOT us	se retired.)	ourny me	JSI UF WORK	ng .						
AP.	12 yrs				Но	mem	ake	r		Ow	n Ho	ome		
ō	17. FATHER'S NAME (First, Midd						NER'S NAI	AE (First, Middle,						
BEC	George Th	nardt	Ecka	rdt		Di	ina	Wich						
	19e. INFORMANT'S NAME (Туре	19	9b. MAILING	ADDRESS	S (Street i			oute Number, Cl	ity or Town,	State, Zi	p Code)			
2	Geraldine	M. M:	iller		406	S.C	Ornv	wa11	St	.,Balt	timo	re,	Md	. 21224
	20e. METHOD OF DISPOSITION	N		20b. PLACE	ANDDATE	6 S.COrnwall St., Baltimore, Md DATE 20c. LOCATION - City or To					wn, State			
1	▼ Buriel 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (Se	3 Remov	el from State			Wn Cemetery 1-7-95 Balto Md								
	21. SIGNATURE OF FUNERAL S		NSEE	- Waki,	awn	22.	NAME A	ND ADDRE	SS OF FAC	HUTY	Ba	ilta) . , M	d.
1	12 · d.	01	Edisor	n M.Pe	rkin	s B	rad	1ey-	Ash	ton Fi	uner	a1	Hom	e, Inc.
	Odison W	· Lest	enris	D000	83	2	134	Wi1	.low	Sprin	ng F	d	Ba1	to., Md.212
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Between													
- 1	shock, or heart fellure. List only one cause on each line.												Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a Milenoscleratic Carrier Vascular Dreese year Due to for as a consequence of the consequence of th													
	, ,	-	DUE TO	OR ASDA CONSE	OUENCE O	9/+	- 7	_						
z	Lo openie tu	, b.	Dest	ues 1	nee	uw	-/	The	e IL					yeurs
임	Sequentielly list condition if any, leading to immedia		DUE TO	OR AS A CONSE			6							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury													
	that initiated events		DUE TO	OR AS A CONSE	EOUENCE O	F):								
E	reaulting in death) LAST	d.												
- 1	PART II. Other algorificant	conditions	contributing to	death but not	regulting	In the ur	adodulo.		mirron in i	Daniel Laur	WAS AN A		1	
র	Debelete	-	hite	dectil but not	- Sutting	- Control of	-	g couse	given in i	Part I. 248.	PERFORM		240	AMILABLE PRIOR TO
EDICAL	1	1 3	green	any	ne	129	1			1 🗆	YES 2	NO		OF DEATH?
Σ	Journe	v f	roper	U	nge	ron	_							1 TES 2 NO
ž	DID TOBACCO		CONTRIBUT	E TO CA	USE O	F DEA	ATH	YES []_NO					
5	25. WAS CASE REFERRED TO I	-	HOSPITAL:			OTHE		LACE OF D	DEATH (Cha	ck only one)				
YSI	1 TES 2 NO		Inpatient 2	ER/Outpatient	3 🗆 DOA			ne 5 🗆 R	esidence	8 Other (Spe	icity)			
PHYSICIAN:	27. MANNER OF DEATH		26e. DATE OF (Month, Di		28b. TIM INJ	E OF		JURY AT DRK?		26d. DESCRIB	E NOW IN	JURY OC	CURED	
A	1 Netural 5 Per 2 Accident Inv	estigation				M	1 🔲	YES 2	NO					
0		ould not be	26e. PLACE Of building.	F INJURY — At hetc. (Specify)	ome, ferm,	street, fact	tory, offic	00		281. LOCATION City or Tow		d Numbe	r or Rural I	Route Number,
H	4 Nomicide det	termined		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Only or ron	in, Giaio,			
ן ב	290. CERTIFIER	YING PHYSICIA	AN: To the best of	my knowledge, d	eath occurr	ed at the t	lime, date	and place	and due	to the ceuse(e)	and meno	or on etc	ted	
COMPLETE														e) end manner es stated.
- 4	29b. SIGNAPORE AND TITLE OF		71											and the second support
딺	Tree de l'ILE O	S P	, USc	NO N	10			29c. LIC	ENSE NUM	186	0	29d. DA1	TE SIGNED	(Month, Day, Year)
2	Panto 1, 175-53													
	Rotando V. Exoper 767 E. Fort. Ave, Bast. 17d 2/230													
	11000 11 Caspel 1012. POVI. AVE, 130x1. 110 2/230													
	31. DATE FILED (Morith, Day, Year) 32. REGISTRAR'S SIGNATURE Julia d'Audien Rardall													
	JAN J	T 0 123	3	- to strawth	- PARE	MTV.								



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR. EDDIE NAKHUDA 2300 DULANEY VALLEY ROAD

32. REGISTIFIAN'S SIGNATURE
JULYA O WULLON-ROYCOLL

31. DATE FILED (MOJAN 10 1995

BALTIMORE, MARYLAND 21215-0	2
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68760,	xecuted within z hours after death. Page 6 may be retained by the hospital or attending
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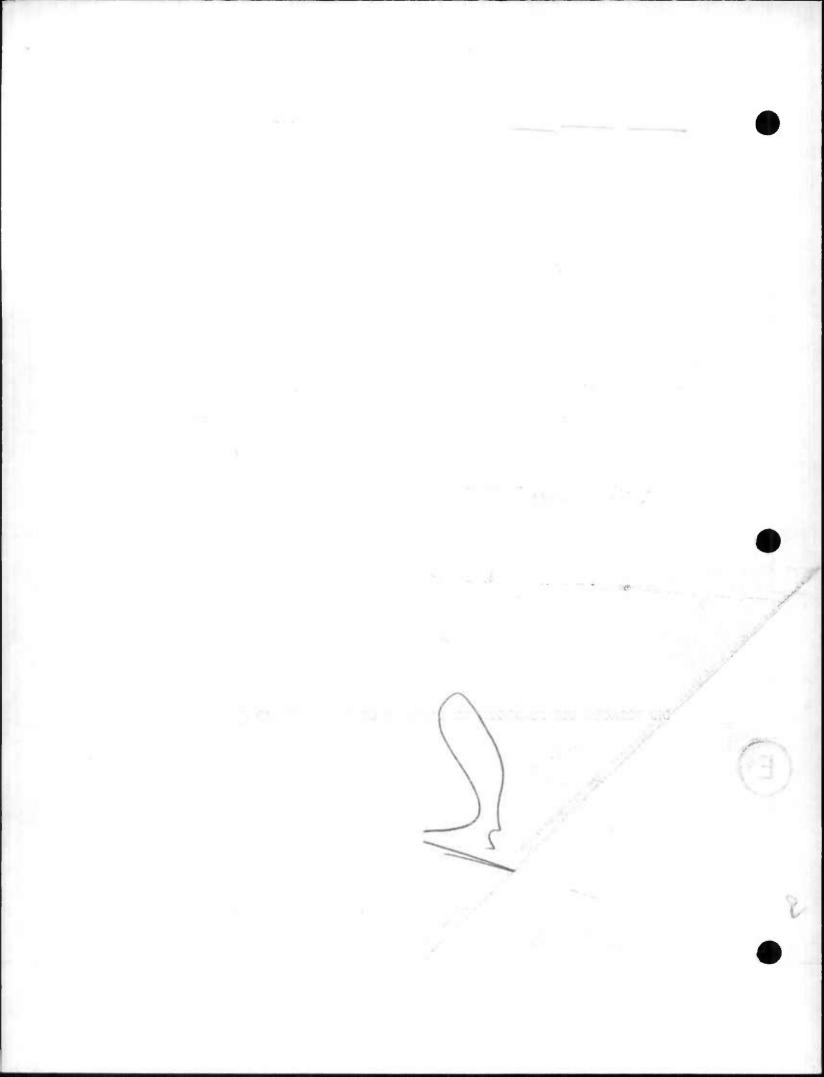
Deen signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be negative and Memtal Hygiene prior to burial, cremation, or removal.

Should a shows any injury, or other traumatic event, the medical examiner must be notified at once. AL RECORDS, P.O. BOX To the Hospital, or attention the To the To the Funeral, directions, be fied within 72 hours after death within 12 Mportant, if flem 28 is marked, in

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	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR						HYGIENI REG. NO.	E			
	1. OECEDENT'S NAME (First, Middle, Last)	S	ister M	irion	Mar	zak	D C	м	2. DATE OF				. TIME OF DE	ATH
	-HELENA JULIET MA	RZAK-	ister H	ILLIAN	Hat	Zak	N.D.	II e	MONTH j	3		95	534	PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	ast birthday)	IF UNDER		IF UNDER		7. DATE OF	ATE OF BIRTH 8. BIRTHPLACE				Foreign
	220-54-8817	1 - M 2 - F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	July	10,19	06	Country)	ſd	
	9s. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN O	R LOCATI	ON OF DE				NTY OF DEA	ATH	
E E	Cardinal Sheehan	Center			Baltimore									
DIRECTOR	RESIDENCE OF DECEDENT											Dates	more.	
분	10a. STATE 10b. COUNT			10c. CI1	Y, TOWN	OR LOCATI	ON					1	IOd. INSIDE CIT	гу
	Md Bal				_			1	YES 2	NO				
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE						10g. CIT	IZEN OF WH	AT COUNTRY?	
	6806 Bellona Ave	nue			21212 USA						USA			
15	11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S. A		13.	WAS DECE	ENDENT C	OF HISPAN	IIC ORIGIN? (S	Specify Yes	or No-	14. RACE -	- American Inc White, atc.	ilen,
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced		MAR OR DATES	Mo		1 YES				in, etc.)		Specify.		
		1											ite	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	completed)	(Give kind of the Do NOT u	work done	CCUPATIO during mos	N t of workin	ng	16b. KI	ND OF BUS	INESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+) "		giou	0 64	a t a w			Cath	-14-	Charac	-1.	
M	17. FATHER'S NAME (First, Middle, Last)	T		Kell	grou	2 21						Chur	cn	
TO BE CO	Joseph Stanley Ma	rzak							ME (First, Midd utaja:		Sumame)			
		- Zak												
	19a. INFORMANT'S NAME (Type/Print) Sisters of Mercy		1	9b. MAILING	R o 1 1	S (Street an	ATT OF	r or Rural I	Route Number,	City or Town	State, Zip	Code)	2	
											Md.	2121		
1	20a. METHOD OF DISPOSITION 1 Of Burlai 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Special Control of Control													
	ALL DESCRIPTION OF THE PARTY OF										•			
1 1	22. NAME AND ADDRESS OF FACILITY Sterling Ashton Funeral Home													
	736 Edmondson Avenue, Balto, Md. 21228													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardier or resolvations arrest.													
	shock, or heart fellure. Liet only one cause on each line.													
1	disease or condition		Long	20/2.	Ve	Her	7		21/082	_			Olivati al	ia beetii
	resulting in deeth)	DUE TO	OR AS A CONSI	EQUENCE O	(F):			//						
2	iMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
ERTIFICATION	Sequentially list conditiona, if any, leading to immediate		(OR AS A CONSE			//-							1	-
181	cause. Enter UNDERLYING													
F	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	EOUENCE O	F):								1	
토	resulting in death) LAST	d.												
0													1	
MEDICAL	PART II. Other significant condition	e contributing to	death but not	reaulting	in the ur	nderiying	ceuse	given in	Part I. 24	e. WAS AN A			VERE AUTOPSY	
									_ 1	YES 2	□ NO		DMPLETION DE	
ME												1	YES 2	NO
ä	DID TOBACCO USE	CONTRIBUT	E TO CAL	JSE OF	DEA	TH Y	ES [] NC						
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Ch	eck only one)					
PHYSICIAN:	1 WES 2 NO	1 Inpatient 2	ER/Outpatient	AOD 🗆 E	4 Nur	R: sing Home	5 🗆 R	ealdence	6 X Other (S	pecify) Ho	OSPI	CE		
동	27. MANNER OF DEATH	28a. DATE OF (Month, E	INJUSTY	20b. Tik		28c. INJU WOR	JRY AT		2ad. DESCR		****			
BY	1 Natural 5 Pending 2 Accident Investigation		/		М		ES 2 [] NO						
ED E	3 Suicide 6 Could not be	28e. PLACE C building	of INJURY — ALh	ome, farm,	street, fact	lory, offica			281. LOCATIO	ON (Street as fown, State)	nd Number	or Rural Ro	ute Number,	
	4 Homicide determined		() () () () ()						ony or r	, Giaio)				
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the tiells or	my knowledge o	Statt years	ed at the t	lme, data	and place	, and dua	to the cause	s) and man	ner aa ste	led.		
MC	one) 2 MEDICAL EXAMIN												and manner as	stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE					1	-	ENSE NUI		1				
BE							11	155	04		DAI	14/9	Month, Day, Yea	,

TWOSON, MD 21204



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DIVISION OF VITAL RECORDS, P.O. BOX 68760	3	P.	alte	28
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille	be nied writin 7.2 hours are death with the state bept, of health and mental hygiene prior to bunal, cremation,	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the
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DIRECTOR FUNERAL this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit in with the State Oept, of Health and Mental Hygiene prior to burial, cremation, or removal. BY COMPLETED 76 BE notified 9 pe must examiner medical the traumatic event, CERTIFICATION or other Injury, PHYSICIAN: MEDICAL shows any 23 tem 6 marked,

permit. Pages 1, 2, 3 should

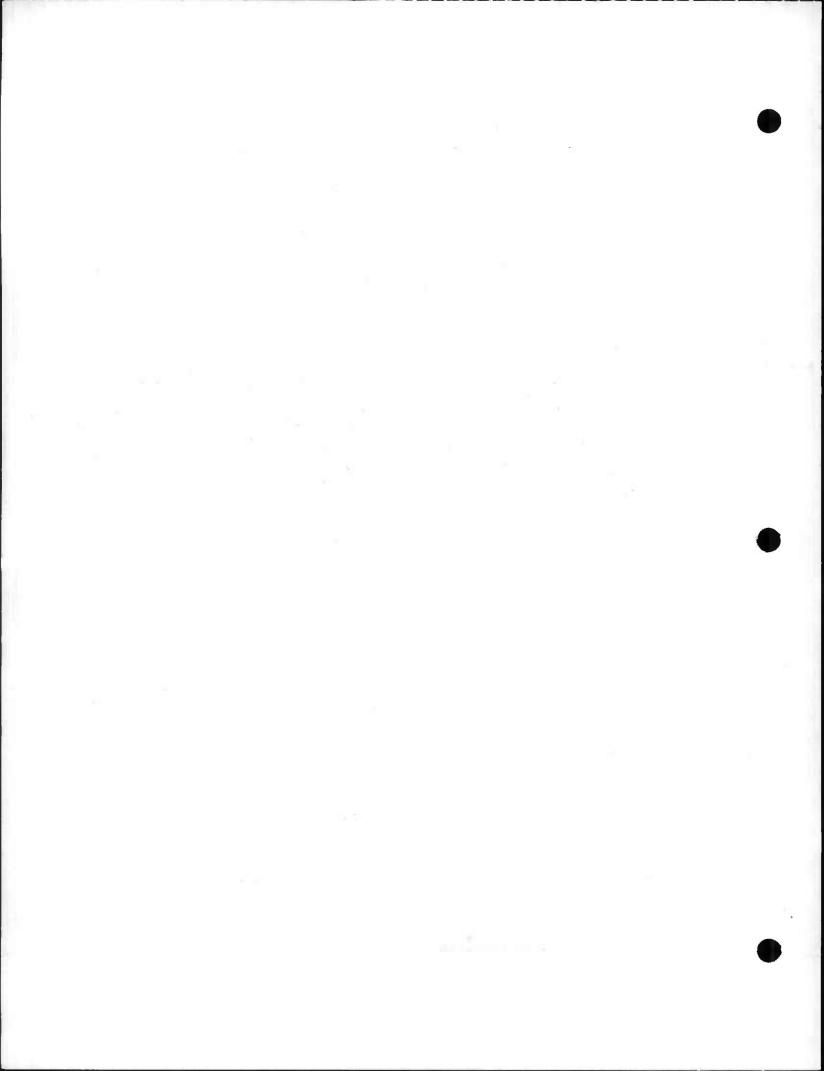
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH 95 THOMAS NELSON 1 M 8. AGE (In yrs. A SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS S. BIRTHPLACE (State or Foreign 9b. CITY, TOWN OR LOCATION OF DEATH RESIDENCE 10b. COUNTY 10d. INSIDE CITY 10c. CITY TOWN OR LOCATION 1 YES 2 NO STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) ☐ YES 2 NO Specify: 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 18e. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) METHOO OF DISPOSITION Burlal 2 Cremetics 20b. PLACE AND DATE OF DISPOSITION (Na 5 [09 21. SIGNATURE OF E esea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respi or heart fallure. List only one cause on each line. interval Between IMMEDIATE PAUSE (Final Onset and Death Adenocarci Noma LUNG Cancel disease or condition 3 years resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER 1 YES 2 Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Rasidence 6 Other (Specify) 26a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 2Sc. INJURY AT 26d, DESCRIBE HOW INJURY OCCURED Natural М 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcida 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) S Could not be

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEOICAL EXAMINER: On the ation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) DR D46515 3-95 Rame

). NAME AND AODRESS OF PE	RSON WHO C	OMPLETED CAUSE	OF DEATH (ITEM	27) (Type, Print)			40 31	Dath Line	
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		-	JUNION	100/1-00	00000007	Correct		Bullma	em
. OATE FILED (Month, Day, Year)		32 REGISTRAR	S SIGNATURE		1				-
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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 35 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND /	DEPARTMEN	NT OF H	EALTH A	ND ME	NTAL HYGIEN	E				
	1. DECEOENT'S NAME (First, Middle, Last) MARY	DAVIES	OWENS	9		2.	DATE OF DEATH	1995	YEAR	3. TIME OF DEATH 8:40 am		
	4. SOCIAL SECURITY NUMBER 5. S 175-22-2350 9a. FACILITY NAME (If not institution, give street as	M 2 X F 82	YRS. MONTH		IF UNDER 24 HOURS A	Ma	DATE OF BIRTH (Month, Day, Year) arch 26,		Teni	nessee		
OR	Saint Joseph Hospital	1		Tow	aon, N	faryla	ind		Baltin			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCAT	ION				T	10d. INSIDE CITY		
D.	Maryland Baltimo	ore	Timonium							LIMITS?		
FUNERAL	1000 Nonth loigh Dea	. 1								HAT COUNTRY?		
S	1900 Northleigh Roats 12. v	WAS DECEDENT EVER IN U.S. AD	MEO t		21093 ENDENT OF H	IISPANIC (ORIGIN? (Specify Yea	USA or No –	14. RACE	- American Indian,		
ΒY	1 Never Married 2 Married 3 🛱 Widowed 4 Divorced	FORCES? 1 TYES 2 N F YES, GIVE WAR OR DATES	10	If yea, spe		laxican, P	uerto Rican, atc.)		Specify	White, atc.		
COMPLETED	ts. DECEDENT'S EDUCATION (Specify only highest grade complete)	leted) (Gi	CEDENT'S USUAL ive kind of work don Do NOT use retired	e during mo	N st of working		16b. KIND OF BUS	INESS/INDU	STRY			
PLE	Elementary/Secondary (0-12) Coll	lege (1-4 or 5+)	nemaker	.)			Orra Ham					
8	17. FATHER'S NAME (First, Middle, Last)	THOM	iemake1		16. MOTHER	'S NAME	Own Hom (First, Middle, Maiden :					
BE (David Davies				Nel1	Hugh	nes Davie	6				
2	19a. INFORMANT'S NAME (Type/Print) Mary Joan Herman	196					Number, City or Town					
	20s. METHOD OF DISPOSITION	20b. PLACE	AND DATE OF DISP	OSITION (Na		ensa	DATE 20c. LOC			n, State		
	1 Burlai 2 Cremetion 3 Ramoval from State 4 Donation 5 Other (Specify) Metro Crematory 1/7/95 Catonsville MD											
	21. SIGNATURE OF FUNERAL SERVICE LICENSES. 22. NAME AND ADDRESS OF FACILITY Lemmon Funeral Home											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, affect, or heart failure. List only one cause on each line.											
	IMMEDIATE CADSS Final disease or condition											
	resulting in death) a8	DUE TO (OR AS A CONSEC		TION	MITH PE	ERITO	NITIS			14 DYS		
z	6 A	CUTE MYOCAR	DIAL INF	ARCTIC	N					4 HRS		
ATIC	If any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE OF):									
FIC	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSECU								14 DYS		
CERTIFICATION	resulting in death) LAST											
AL C	PART II. Other algnificent conditions con	ntributing to death but not re	eaulting in the	underlying	cause give	n in Par	t I. 24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS		
MEDIC/	CHRONIC RENAL FAIL	URE					PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	PERIPHERAL VASCUL									TES 2 NO		
AN	DID TOBACCO USE CONTRIBU 25. WAS CASE REFERRED TO MEDICAL		TH YES		UNCER	TAIN [
SIC	EXAMINER? 1 YES 2 NO 1 X	SPITAL: Inpatient 2 ER/Outpatient 3	OTH	ER:	5 🗆 Reside	nce 8 🗆	Other (Specify)					
PHYSICIAN:	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJI	JRY AT		d. DESCRIBE HOW IN	JURY OCCU	RED			
Β¥	2 Accident Investigation	28 - DI ACE OF IN HIEW	M		ES 2 N	-						
ETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY At hor building, atc. (Specify)	me, farm, street, fa	ctory, office	'	281	I. LOCATION (Street as City or Town, State)	nd Number o	r Rural Ro	ute Number,		
COMPLETED		To the best of my knowledge, dea the bests of examination and/or is								and manner ea stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSI	E NUMBER	1	29d. DATE	SIGNED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									5		
	GINA L. SAGER, M.D.,			-570,	BALTI	MORE	E, MD. 2121	8				
	JAN 1 0 1995	REGISTRAR'S SIGNATURE	此									

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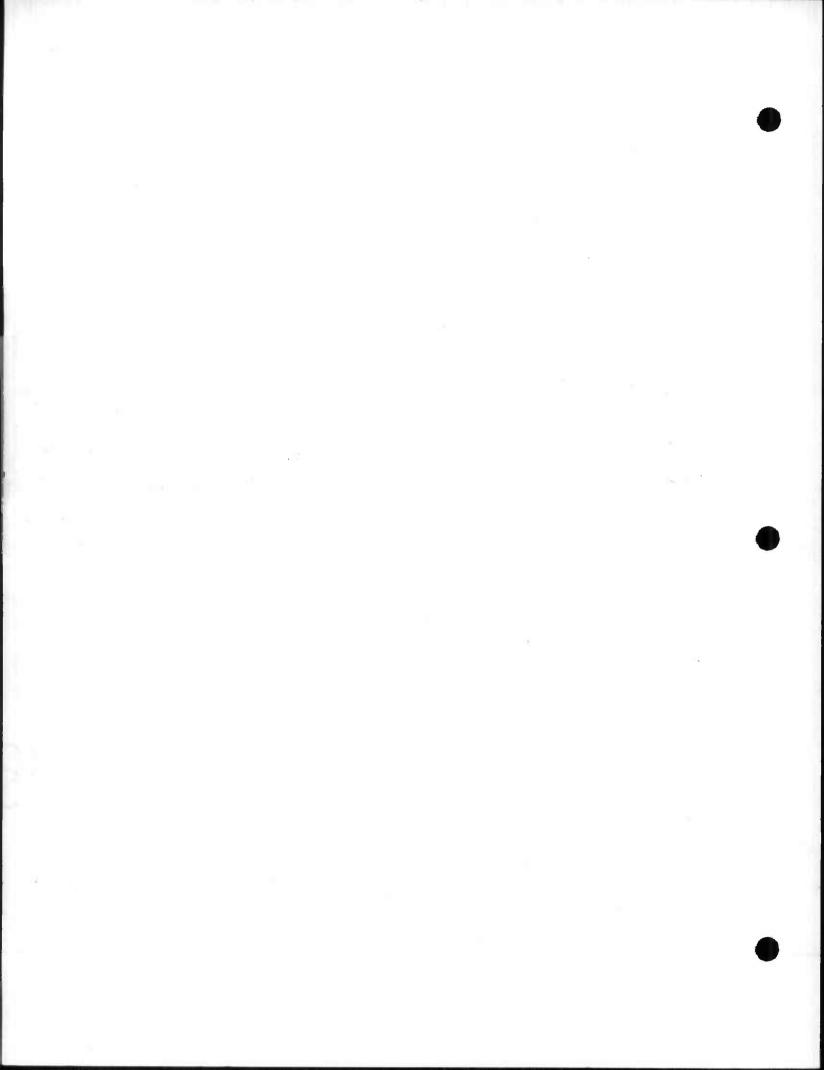
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ding physician.	s the burial-transit permit. Pages	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages have filled within 72 hours after death with the State harm of Martial Auritana and Martial Auritana princip to himsing communication or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYL			HEAUTH AND	MENTAL HYGIEN					
	1. DECEDENT'S NAME (Figst, Middle, Last) Mabl		le.			Jan 6	199				
	4. SOCIAL SECURITY NUMBER 220-14-4497		(In yrs. lest birthday) 9 YRS.	MONTHS DAYS	-	7. DATE OF BIRTH (Month, Day, Year) JUN 25, 19	925 5.	BIRTNPLACE (State or Foreign CAROLINA			
OR		GNES HOSPIT	AL		OR LOCATION OF DI	CITY	9c. COUNTY OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		10c. CITY	, TOWN OR LO	CATION	10d, INSIDE CITY					
		/a			TIMORE			1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 56 MOF	RLEY AVENUE			STRTES						
BY FUN	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes,	ECENDENT OF HISPAI specify Cuben, Mexico ES X NO Specif			RACE — American Indian, Black, White, etc. Specific I. ACK			
BE COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	16e. DECEDENT'S (Give kind of w life. Do NOT us HOUSEW)	rork done during a retired.)	TION most of working		STIC	me)			
	17. FATHER'S NAME (First, Middle, Last) HARRY SMITH					ME (First, Middle, Malden		ille /			
10	190. INFORMANT'S NAME (Typo/Print) CLARENCE E. PO	OOLE		ADDRESS (Street MORLEY		BALTIMORE					
	20a. METHOD OF DISPOSITION VXBurlei 2 Cremetion 3 Ramo 4 Donetion 5 Other (Specify)	val from State 20t	PLACE AND DATE OF				CATION — CHY	or Town, Stata S MILLS, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICE	Holla	xd		AND ADDRESS OF FA						
ATION	23. PART Fenter the diseases, or concern the concern t	h aa cardiac or reap	iratory arrast,	Approximate Interval Between Onset and Death 6days							
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	dece	ilitus	ulcers			4 months			
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions Diabeter Anemia	a contributing to death to		raauiting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOMIC COMPLET. 1 YES 2 NO 1 YES 2 YES NO 1 YES 2 YES NO 2							
AN	DID TOBACCO USE CONTR	IBUTE TO CAUSE C	PLACE OF DEAT			N 🗆 📗					
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Pinpatient 2 ER/Outp		OTHER:	ome 5 🗆 Raeldence	6 Other (Specify)					
ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	URY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE NOW	INJURY OCCURI	ED			
	3 Suicide 8 Could not be ; 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, s cify)	treat, factory, of	fica	281. LOCATION (Street City or Town, State		Burel Route Number,			
COMPLETED	anal and	CIAN: To the best of my known: 3: On the basis of examination						ruse(e) end manner ee stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Llande,	MiD.	r.	29c, LICENSE NUI		A	GNED (Month, Day, Year) JUQYY 6 1995			
2	R. PANDE, ST AGNES HOSPITAL, BALTIMORE, MD 21229										
	JAN 1 0 1995 Juli Divelor Rendell										





78 MONTHS DAYS HOURS 1 M 2 M 1 YRS. 207-05-1026A 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF I DIRECTOR Bell Forest Nursing Home Pages 1, 2, 3 Forest Hill RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md. Harford Jarrettsville permit. FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE The attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit, Mental Hygiene prior to burial, cremation, or removal. 1412 Dalewood Dr.-Jarrettsville, Md. 21084 Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISP BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married If yee, specify Cubs BY 3 Widowed 4 Divorced N/A ETED. 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL N/A N/A Housewife notified at once 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S N Harold L. Eliz BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rurs 2 Mrs. Glenys Rigney 1412 Dalewood Dr.-Ja ě 20a. METHOD OF DISPOSITION

1 X Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must 4 Donation 5 Other (Specify) Lakeview Mem. Cemeterv] medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF F G. Truman Schwab Baltimore, M 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, su shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition enal Failure reaulting in death) other traumatic event, OF VITAL RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF) thero Sclero CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING onset CAUSE (Disesse Dr Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PHYSICIAN: MEDICAL Signed by th Health and N amy DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO I has by Dept. 23 28. PLACE OF DEATH (Check only one) YSICIAN: The 25. WAS CASE REFERRED TO MEDICAL certificate to the State HOSPITAL OTHER: 1 YES 2 NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA b Nursing Home 5 - Residence 26a. DATE OF INJURY (Month, Day, Year, 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 1 Natural 1 YES 2 NO BY DIVISION 2 Accident 28s. PLACE OF INJURY — At home, larm, street, factory, offica building, atc. (Specify) .55 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 DE CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and du TO THE FUNERAL OF THE 2 MEDICAL EXAMINER: On the 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NI B 2

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last) MILDRED E. PARKER

5. SEX

STATE OF M	ARYLAN	D / DEPAR			DEATH A		MENT		GIENE					
							2. DAT	TE OF DE			YEAR	3. 1	5:15 a.	-
. SEX	6. AGE (In y	rs. last birthday) YRS.	IF UND MONTH	DER 1 YEAR B DAYS	IF UNDER 24	HRS.	7. DAT	onth, Day,	RTH Vear)		8. BIRTH Countr		Pa.	
g Home			9b. CI		or LOCATION		ATH				of ord			
0		10c. CIT	Y, TOW	OR LOCAT		_				11001	1010		. INSIDE CITY	_
ford		Ja	ırre	ttsvi	llle . ZIP CODE	_				10g. CIT	IZEN OF V		YES 2 M NO COUNTRY?	_
Jarretts					210	-				U	S.A			
2. WAS DECEDENT FORCES? 1 [IF YES, GIVE WI	YES 2	ON O	1	If yee, sp	ENDENT OF ecify Cuban, 2 ANO	Maxicen	, Puarte	GIN? (Spe to Rican,	etc.)	or No—	14. RACE Black Speci	k, Wh Hy:	American Indian, ille, aic. White	
10N pipleted) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)							10	6b. KIND	OF BUSI	NESS/INC	DUSTRY		1122 00	
N/A		Hou	sew	ife	18. MOTHE	D'C NAM	AF /Fired	a & &	N/	A		_		_
rter					E	iza	be	th	Sma	lla	coml	b_		
		196. MAILING			nd Number or							08	Λ	
I from Stata	cemeter	ACE AND DATE	OF DISP	OSITION (Na	me of		DA	ATE	20c. LOC	ATION —	City or To	wn, S	State	-
SEE	Lak	ceview	Mem 2	- Ceme	etery Balti	OF FAC	# 9	0+16	Syk	esvi	lle,	M	d.	_
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plications that t Dnly one caus	e Dn each	Ilna.			de of dylno	g, such	98 C9	ordiac D	r respir	atDry an	rest,	-	Approximata Interval Batween Onset and Daath	
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contributing to a	desth but i	not resulting	In the	underiying	g cause glv	ren In F	Part I.	1 1	WAS AN A PERFORM YES 2	NED?	24b.	COM	E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH?	3
BUTE TO CAL	JSE OF [DEATH YE	S 🗆	NO [UNCE	RTAIN			/			1 🗆	YES 2 NO	
OSPITAL:		PLACE OF DEAT	отн	ER:	- 100									_
26a. DATE OF I	NJURY	28b. TIM	\rightarrow	28c. INJ	e 5 ☐ Reald URY AT RK?	-	_			JURY OC	CURED			_
28s. PLACE OF	INJURY —	At home, larm, s	М	101	/ES 2 🗌 I	\rightarrow	261. LO	CATION	(Street an	d Number	or Rural R	Poute	Number,	
bullang, a	tc. (Specify)						GR	ty or Town	n, State)					
N: To the best of n) and	manner as stated.	
2 WE	80	W)			29c. LICENS	SE NUME	SER S	22		29d. DAT	E SIGNED	(Mon	th, Day, Year)	
DMPLETED CAUSE	OF DEATH	(ITEM 27) (Type,	Print	Ve	Be	1	A	10		nd	2	10	14	

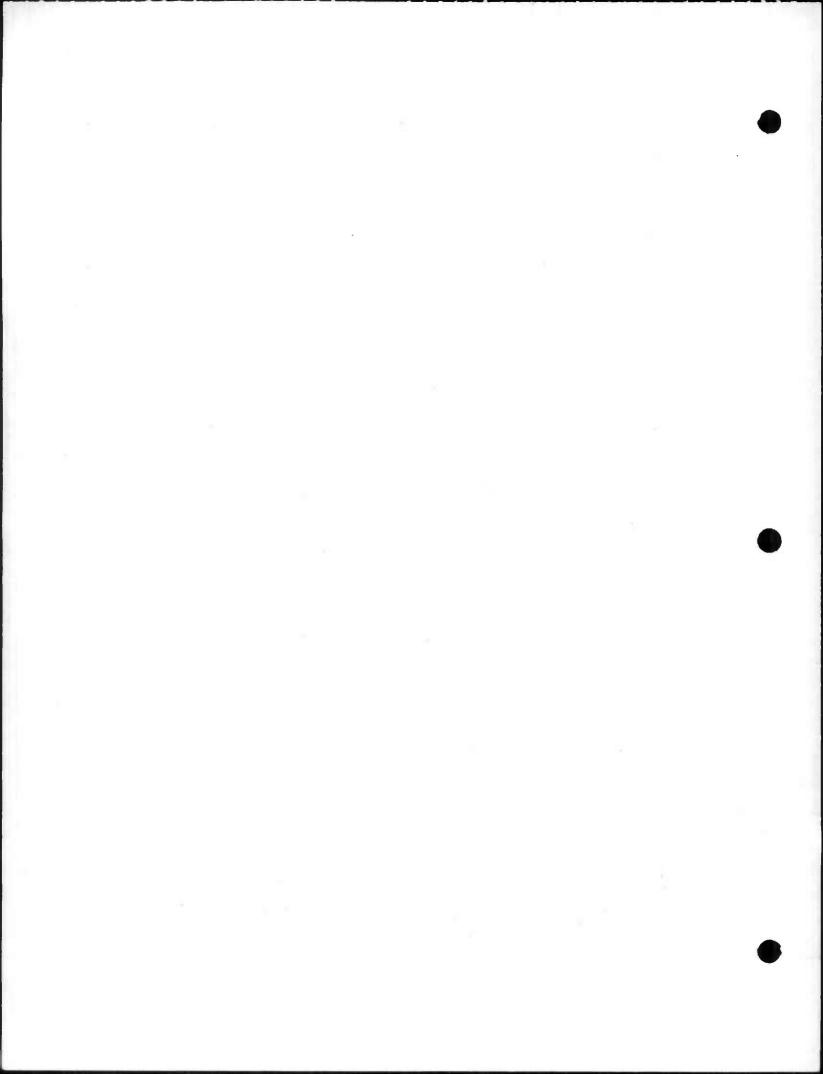
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FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

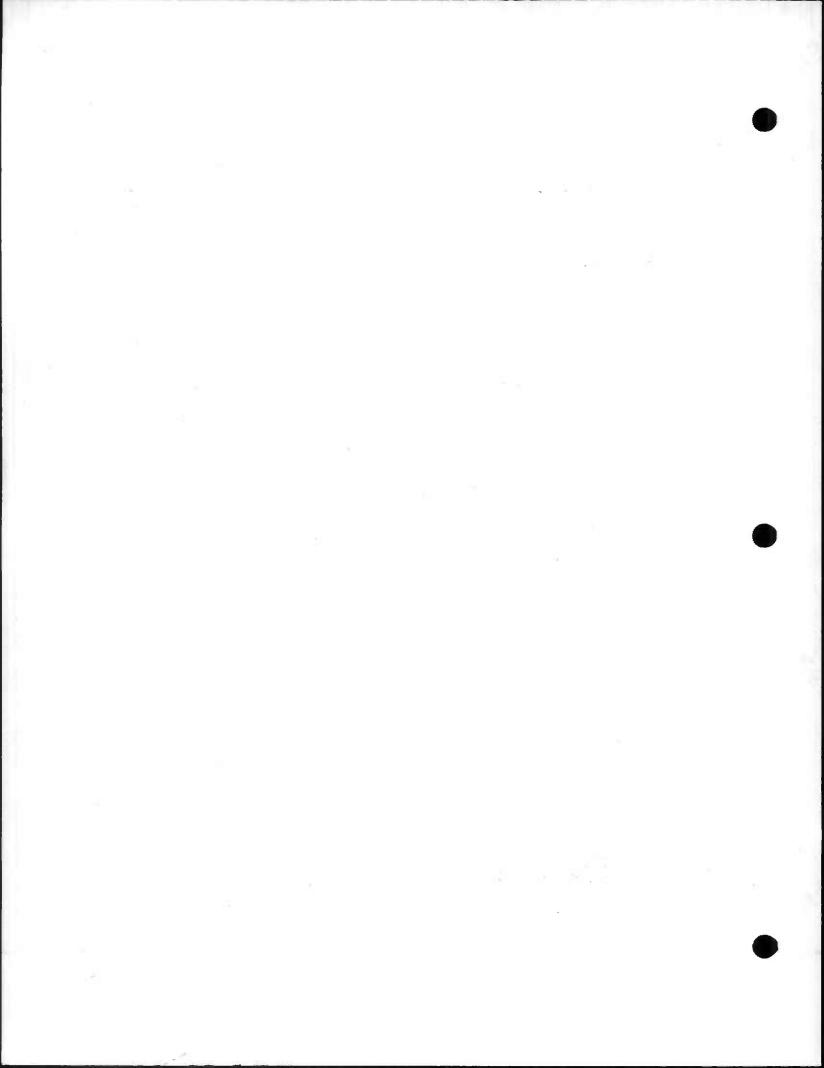
	REGISTRAR		C	ERTIF	ICATE (OF DEATH	REG. N	10.		/		
	1. DECEDENT'S NAME (First, Middle, Last)	a. DATE OF DEATH								. TIME OF OEATH		
	REBECCA		PEISACH			JAN. 4, 1995			23/43 "			
7	4. SOCIAL SECURITY NUMBER 220–40–7685	5. SEX 8. 1 M 2 F	AGE (In yrs. Ia	YRS.	IF UNDER 1 YE MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) JULY 20		Country)	ACE (State or Foreign		
DIRECTOR	99. FACILITY NAME (If not institution, give street end number) 90. CITY, TOWN OR LOCATION OF DEATH SINAI HOSPITAL RESIDENCE OF DECEDENT 90. COUNTY OF DEATH 90. COUNTY OF DEATH											
[H	106. STATE 106. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY											
	MARYLAND BALTIMORE BALTIMORE 100. STREET AND NUMBER								1	LIMITS?		
FUNERAL	104. STREET AND NUMBER 104. ZIP CODE 109. CITIZEN OF W 21208									USA		
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 W	RMED NO	If yes	DECENDENT OF HISPAI II, specify Cuben, Mexica YES 2 NO Specif	an, Puerto Rican, etc.)	Yes or No—	14. RACE — Black, V Specify:	- American Indian, White, etc.		
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(0	Give kind of u	se retired.)	g most of working		BUSINESS/INDU				
COMPL	12 17. FATHER'S NAME (First, Middle, Last)			HOU	SEWIFE			AT HOME	<u> </u>			
BE CC	HYMAN		ASHK	INAZY		MOLI	AME (First, Middle, Maid	en Surneme)	ASHK	INAZY		
0	19e. INFORMANT'S NAME (Type/Print)		19	9b. MAILING	ADDRESS (Str	eet and Number or Rural	Route Number, City or 1	lown, State, Zip (Code)	11-11-11		
	MR. MEYER	PEIS	ACH	7417	SUDBRO	OK ROAD BA	ALTIMORE,	MD 212	208			
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	val from State	20b. PLACE cemetery, cr	AND DATE	OF DISPOSITION	N (Name of	OATE 20c.	LOCATION — C	ity or Town	, State		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF EUNERAL SERVICE LIC		BET	H_MOS			P	INELAWN	I. L.	I. NEW YOR		
	SOL LEVINSON & BROS., INC.											
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	IMMEDIATE CAUSE (Finel disease or condition	List opry one couse	on each lin	Θ.		- y-·				Interval Between Onset and Deeth		
	resulting in death)		AS A CONSE							1 - 1000		
z	Commentation that are statement to	ann	Con							7 7.		
CATION	Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
2	couse. Enter UNDERLYING CAUSE (Disease or Injury											
RTIFI	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. Arters elevate: Least disease.											
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BALTIMORE, MARYLAND 21215-0020	dours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FREDERICK DURCH CONNELL, JR. 4. SECAL SECURITY SUBMERT 219-18-3820 1.5 May 2	- 99	REGISTRAR 1. DECEOENT'S NAME (First	st, Middle, Last)						EATH		OF DEATH			. TIME OF DEATH
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Netro Crematory Inc. 1/6/95 Catonsville, M				oval from State	cemetery.	crematory or oth	er place)		of	OATE	20c. LO	CATION — C	ity or Town	, Sfata
Johnson Funeral Home 8521 Loch Raven Blvd. Towson, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interest failure. List only one cause on asch line. IMMEDIATE CAUSE (Final diseases or condition) resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERIVING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): d. DUE TO (OR AS A CONSCOUENCE OF): ARART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to compect of the underlying cause given in Part I. PART II. Other significant conditions cont		4 Donation 5 Other (Specify) Metro Crematory, Inc. 1/6/95 Catonsville, MD												
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL OR ATTENOING
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	HOSPITAL

Item#16b,22 Per F.H.#719 01/10/95 R.M.
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REGIOTION.

1. DECEDENT'S NAME (First, Middle, Last)

ROSE REG. NO 2. DATE OF DEATH 3. TIME OF DEATH **PUKACZ** 01 95 08 10:10 4. SOCIAL SECURITY NUMBER 5. SEX B. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Aug. 26, 212-26-0865 81 HOURS 1 M 2 X F YRS. Maryland Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH Saint Joseph Nursing Home Catchsville Baltimore DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Severna Park 1 TES 2 X NO FUNERAL 104. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 341 Marba Road, 21146 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY Specify. 3 💢 Widowed 4 🗌 Divorced White 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. OECEDENT'S EDUCATION Beauty Ship HOPOwner (Give kind of work done life. Do NOT use retired.) intery/Secondery (0-12) College (1-4 or 5+) Self Employed and Bakery Owner 12th Grade 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Konstantine Aleksalza Maryann notified at 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code Mr. Ronald W. Pukacz 341 Marba Road, Severna Park, Md. pe 20a. METHOD OF DISPOSITION

(C) Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Must Sacred Heart of Jesus Cem. Dundalk, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRUNERAL McCully Fueral Home of Brooklyn Kevin E. Ecker 237 E. Patapsco Ave., Balto., Md. 21225 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fellure. List only one cause on each line. Interval Between 9 IMMEDIATE CAUSE (Final Onset and Death the cremation. disease or condition 6 day resulting in deeth) Meumoni traumatic event. DUE TO (OR AS A CONSEQUENCE OF) burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Mental this certificate has been signed by the with the State Dept. of Health and Me PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL shows any 1 TES 2 OF DEATH? Bilater el Cerebra arets (STROKE 1 ☐ YES 2 ☐ NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YÉS | NO Z PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one Hem the State I EXAMINER? HOSPITAL: OTHER: 1 YES 2 THO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY marked, 26b. TIME OF INJURY 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural . OIRECTOR: After the hours after death w 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 60 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 500 4 Homicide Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and menner ee stated. TO THE HOSPITAL OF TO THE FUNERAL OF BE filed within 72 ho 2 MEDICAL EXAMINER: On the end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND STILE OF CENTIFIE 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 206893 2

WHO COMPLETED CAS

.82. REGISTRAR'S SIGNATURE

ha Davidson Randall

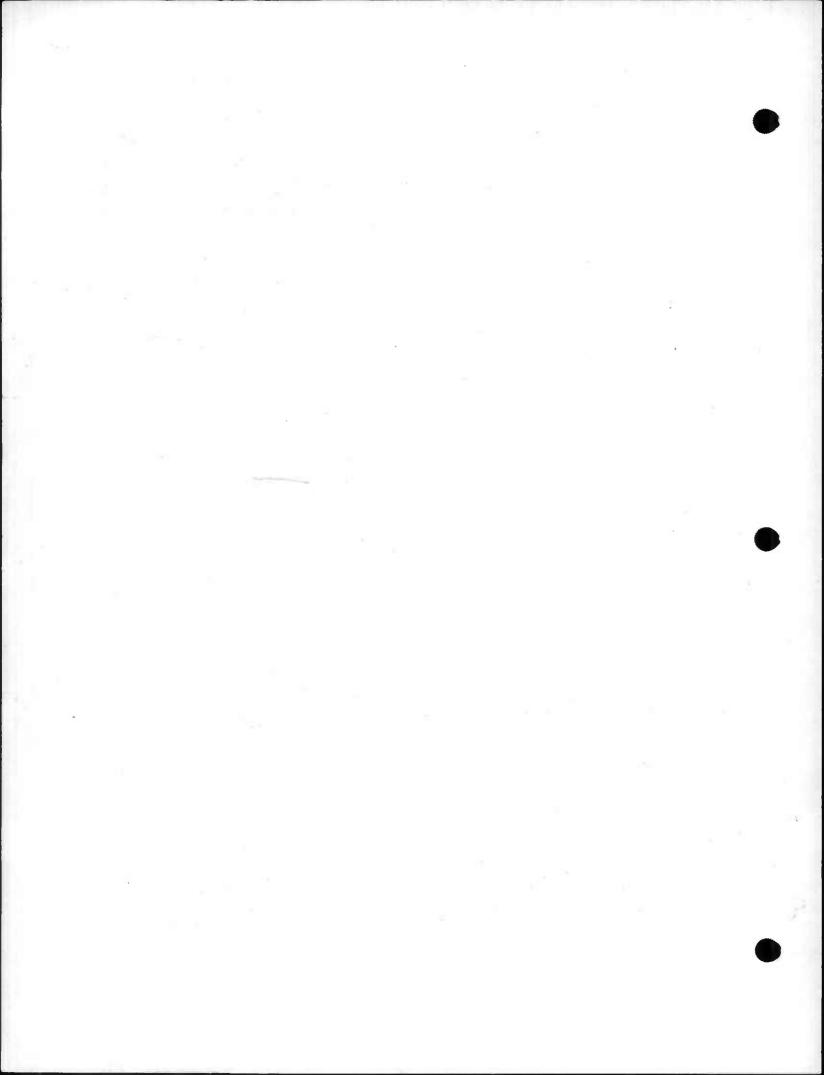
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31. DATE FILED (Month, Day, Year)

SE OF DEATH (ITEM 27) (Type, Print)

MP.



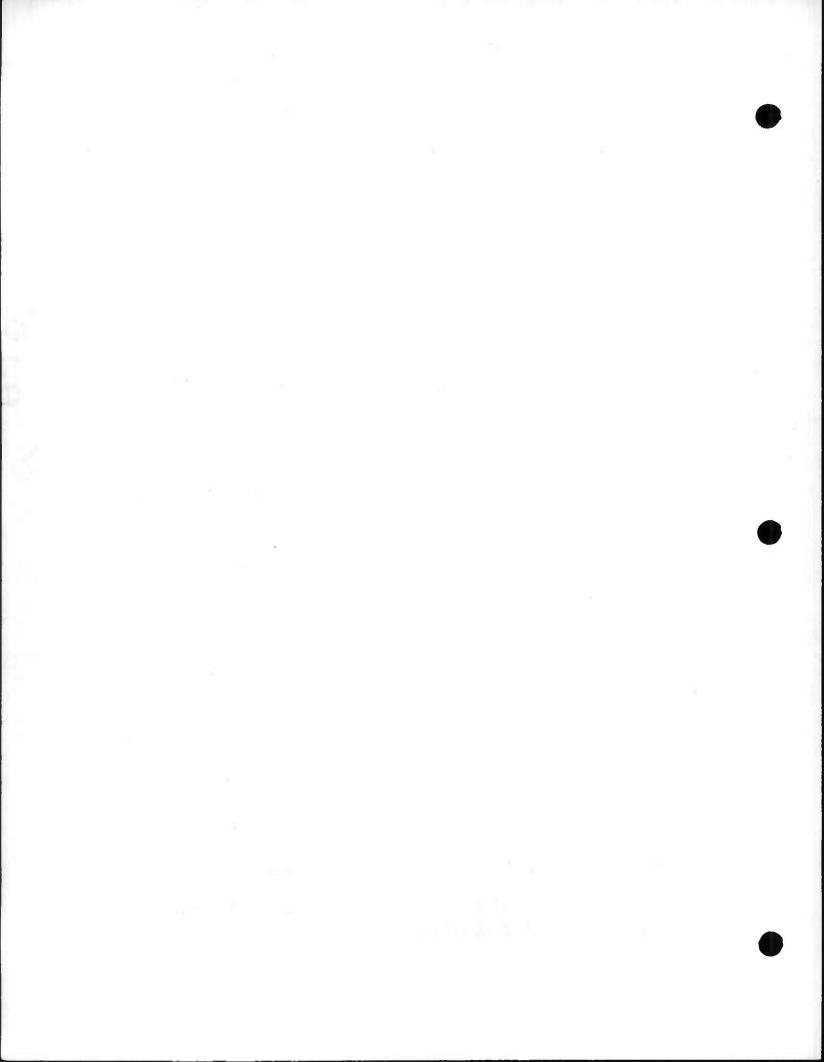
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Items; 27,28d per MEO GUNK 2957905 ITEMS: 23 PART I, 27, 28a-f, PER MEO FI 1- STATE STATE

STATE O	F MARYLA	ND / DEP	ARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
28a-f,	PER MEO	FILM G-	-719 1/27	7/95 t.t			

		REGISTRAR		CERTIF	ICATE C	F DEATH		REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF DEATH		
		RAYMOND	G.	FRITZ	7.		MONTH T A N	.04,199	5 YEAR	09:02 A M		
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEA	AR IF UNDER 24 HRS.	7. DATE OF					
		220 66 0002	1 M 2 F		MONTHS DAY		(Month I	Jav Wart	Country)			
pin		220-66-0002 9e. FACILITY NAME (If not institution, give:	23	40 YRS.				,1954		ryland		
3 should	00					N OR LOCATION OF	DEATH	9c. CC	OUNTY OF DE	ATH		
2	ē	6600 PINE AVE. RESIDENCE OF DECEDENT 100. STATE Md. Baltimore BALTIMORE 100. CITY, TOWN OR LOCATION ESSEX										
permit. Pages 1,	EC	10e. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LO	CATION				10.4 INDIDE OUT		
	E	Md. Bal	timore		.,	Essex				10d. INSIDE CITY LIMITS?		
		10e. STREET AND NUMBER								1 ☐ YES 2 🙀 NO		
8.	RA	1641 Frenchs A	***			10f. ZIP CODE 21221		10g. C		IAT COUNTRY?		
020 physician. burial-transit	FUNERAL	1041 FIERCIS A							USA			
LAND 21215-0020 the hospital or attending physician, detached for use as the burial-tran once.	민	1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS	DECENDENT OF HISP apecify Cuben, Mexi	ANIC ORIGIN? (Specify Yes or No-	14. RACE - Black,	- American Indian, White, etc.		
5-0020 nding physic is the burial	B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES		YES 2 NO Spec		,	Specify			
15- tendii		15. DECEDENT'S EDU	CATION	140. 050505050						white		
2121 al or atter for use a	COMPLETED	(Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during	ATION most of working	16b, K	IND OF BUSINESS/I	NDUSTRY			
O 21 vital or d for	ן בין	Elementary/Secondary (0-12)	College (1-4 or 5+)		,							
AND the hospit detached once.	N	12th		Gener	al Mot							
LA the det	ပြ	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Melden Surneme						
RYL ad by	H	Paul Raymond	Fritz Sr.					Ketchum				
MARYLAND retained by the hospit 5 should be detached notified at once.	2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et end Number or Rura	Route Number,	City or Town, State,	Zip Code)			
ay be n page 5		Jodie Fritz		8 E	Alder	Drive BA	Ltimor	e Ma.				
RA may		20e. METHOD OF DISPOSITION 1 □ Burlel 2 X Cremetion 3 □ Rem		b. PLACE AND DATE		(Neme of	DATE	20c. LOCATION	- City or Tow	n, State		
MOR ge 6 ma irector, 9		4 Donation 5 Other (Specify)		Metro Cre	ematory	Inc.	1	Baltim	ore Mo	d.		
BALTIMORE, hours after death. Page 6 may be din by the funeral director, page or removal. medical examiner must be a		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		AND ADDRESS OF		*				
AL. death fune fune		DR TOS	111 (// //		nelly Fur						
B. B. after on by the removal edical	\vdash	23 PART Enter the diseases or	y onn	elly	300	Mace Ave	. Balt	imore Mo	. 2127			
nours after d in by th or remova		23. PART I. Enter the diseases, or complications that caused the death De not enter the mode of dying, such as cardiec or respiratory arrest, ehock, or heart failure. List only one cause on each line.										
2 章 5 章		IMMEDIATE CAUSE (Finel Onset and										
ted within 24 completely fille ial, cremation,		resulting in death)										
P 8 8 - 0			DUE TO (OR AS	A CONSEQUENCE O	F):							
atic Bru	No.	Sequentially list conditions,	b									
BOX cate be en hysician a prior to	ERTIFICATION	if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
BOX ficate be e physician ne prior to	3	CAUSE (Disease or Injury										
O. B. certificate ding physi sygiene pr	Ē	thet initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST										
_ # # # .	5		d							-		
CORDS, P. res that the death igned by the attend ealth and Mental H a any injury, or	CC	PART ii. Other significent condition	s contributing to deeth	but not regulting	in the underly	ring cause given in	n Part i. 24	a. WAS AN AUTOPS	7 24b Y	VERE AUTOPSY FINDINGS		
ORI that the ed by h and	DICAL		-					PERFORMED?		WAILABLE PRIOR TO		
C C C igner igner ealth							- 1	YES 2 NO		OF DEATH?		
L REC(law requires as been sign ept. of Healt	ME	DID TODA 660 HOT 601				_	`		1	YES 2 NO		
F VITAL RECO SICIAN: The law requires th certificate has been signed to the State Dept. of Health I, or Item 23 shows am	SICIAN:	DID TOBACCO USE CONT	RIBUTE TO CAUSE C									
VITAL HAN: The law rifficate has the State Dept or item 23	ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	TH (Check only o	ne)						
VIAN:	YS	XXYES 2 NO	1 - Inpetient 2 - ER/Out	patient 3 DOA	4 Nursing H	lome 5 🗆 Residence	Ø∰Øther (S	pecify) IN A	DITC	CH		
VISION OF VITA ATTENDING PHYSICIAN: The ECTOR: After this certificate h s after death with the State D 128 is marked, or item	РНУ	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIM	E OF 28c.	INJURY AT WORK?	26d. DESCR	IBE HOW INJURY O	CCUREDSU	ject exposed		
ON OF DING PHYSI After this c death with	B	1 Natural 5 Pending 2 Accident investigation	FOUND 1-4-95	5 UNKNO	1 E	YES 2 XNO	the inf	Tuence of	alcohol	es while under 8 cocaine		
Noin Noin Noin Noin Noin Noin Noin Noin		3 Suicide	26e. PLACE OF INJURY building, atc. (Spe	Y — At home, ferm, a	street, factory, o	ffice	26f. LOCATI	ON (Street end Numb fown, Stele) 6600	er or Rural Ros	ute Number		
DIVISION DR ATTENDING F DIRECTOR: After thours after death item 28 is mar	ETE	4 Homicide determined	100 April 100 Ap	FOUND OUT	SIDE		BALTIMO		DLK. PI	INE AVE.		
DIV DIRE Hours	2	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	wiedge, death occurre	ed at the time, d	ste end place, end du	e to the cause	e) and manner se si	ated			
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: IF	COMPL		R: On the beele of examination							and manner se stated.		
TO THE HOSPITAI TO THE FUNERAL Be filed within 72 IMPORTANT: IF		296 SIGNATURE AND TITLE OF CERTIFIES										
를 된 분이 Na	H	Many	olo 1	(A.D)		29c. LICENSE NU		29d. DA	TE SIGNED (A	Aonth, Day, Year)		
₽₽3₹	2	10. RESIDE AND ADDRESS OF PERSON WH	COMPLETED ONLY	/ V/	61	OCM.	E		JAN.	05,1995		
		TIARA I	COMPLETED CAUSE OF DE									
		AL DATE EN EN EN EN EN EN	10/14	111 Pe	enn St	reet. B	altime	ore, Ma	rylar	nd 21201		
_		JAN 1 0 1995	32 REGISTRAR'S SIGN	TURE					A			
	- 4	JHIY - V IJJO	John minnetock	word and								

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BALTIMORE, MARYLAND 21215-0020

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examiner

30. NAME AND ADDRESS DINA

31. DATE FILED (Month, Day, Year)

DARWISH

32. REGISTRAR'S SH

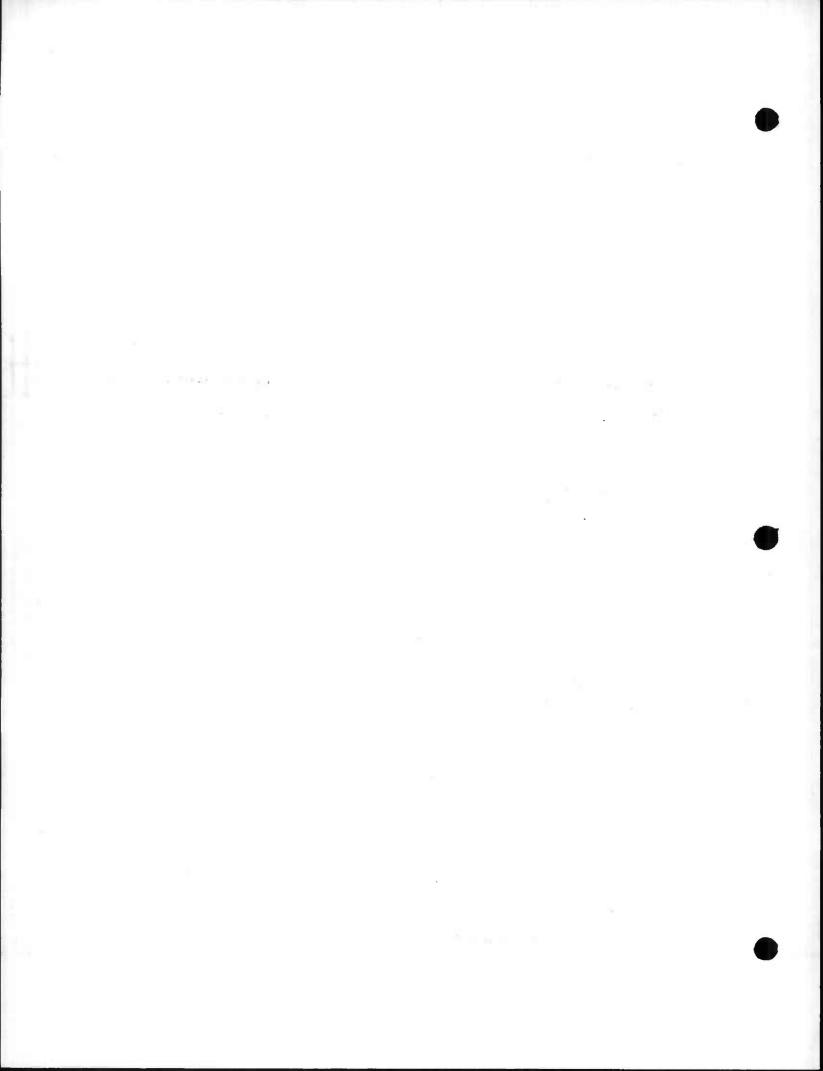
Pages 1, 2, 3 should

BOX 68760. P.O.

the funeral director, page 5 should be detached for use as the bunal-transit permit. hours after death. Page 6 may be retained by the hospital or attending physician. pe medical death certificate be executed within 24 hours aft is attending physician and completely filled in by it ented hygiene prior to burial, cremation, or remo the event, traumatic or other the atten injury, that the c Health and I any OR ATTENDING PHYSICIAN: The law requires Shows t. of h has be Dept. 23 certificate h h the State (with marked, After 1 death 69 L DIRECTOR: A hours after do Item 28 is TO THE FUNERAL IDEN FILE TO THE MINING TO THE MINING TH THE THE FIELD

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH eroy ierce dames January 1995 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR | IF UNDER 24 HRS DAYS **HOURS** 215-10-5904 1 XM 2 F 83 YRS. 11-02-1911 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore Union Memorial Hospital RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4311 Grandview Avenue 21211 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PNO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 TES 27 X10 В Specify Specify: XX Widowed 4 ☐ Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 1 2 College (1-4 or 5+) Delivery Service Truck Driver 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)
Mary Catherine Hahn Benjamin Franklin Pierce 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
1211 Grandview Avenue Balto., MD 19a, INFORMANT'S NAME (Type/Print) 2 21211 Edna Gardner 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Park 11/13orraine Cem. Balto., MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 3631 Falls Road Balto., MD 21211 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Sepsis weeks 0 CERTIFICATION Sequentially list conditions. DUE TO (OR AS A if any, leading to immediate cause. Entar UNDERLYING poper Sion CAUSE (Disease or Injury CONSEQUENCE OF that initiated eventa resulting in death) LAST 91 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAII ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 - YES 2 - NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 D Inpatient 2 ER/Outpatient 3 4 Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — Al home, ferm, street, lectory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 8 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. COMPL 2 _ MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, 29c. LICENSE NUMBER BE PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AT 243 89 46-F6 1995 January 2

Baltimore, MD



DHMH-16 Rev 1/89

OF VITAL RECORDS, P.O. BOX 68760, INSURAN: The law requires that the death certificate be executed within

	leath cert	attending	ntal Hygi	y, or of	
	that the d	ed by the	th and Mei	any Injur	
	w requires	been sign	of Heal	3 shows	
	IAN: The la	In heate has	State Deg	or item 23	
,	NG PAYSIC	ther this con	to the latest	merked,	200
	١		١	gm 28 is	
	TO THE HOSPITH A FEMALE MINISTRAN: The law requires that the death cert	TO THE FUNER. DI	be filed within 7 hos	IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or of	THE PERSON NAMED IN COLUMN TO THE PE
					F

It	em # 18 film # G 719 1 1 - STATE REGISTRAR	-10-95 N.A. STATE OF	Per Fu MARYLAND /	neral DEPAR ERTIF	home TMENT	OF HEALI	H AND					
	1. DECEDENT'S NAME (First, Middle, Lest) CATHERINE LI	EE PR	EISLER		107112	01 01	AIII	2. DATE OF MONTH	DEATH DAY	199	EAR	IME OF DEATH
	4. SOCIAL SECURITY NUMBER 303-34-7395	5. SEX	6. AGE (In yrs. las		IF UNDER 1	YEAR IF UN DAYS HOUR	DER 24 HRS. S MIN.	7. DATE OF E (Month, De 11-30	BIRTH 0-1934	4 1	Country)	E (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give KIMBROUGH ARI RESIDENCE OF DECEDENT		TAL			OWN OR LOC		EATN			OF DEATH	RUNDEL
DIRECTOR	10a. STATE 10b. COUNT	NE ARU	NDEL		, TOWN OR						199	INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 7810 CLARK RO	AD, D/38	3 H.M.E			10f. ZIP C	794				N OF WHAT	COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AR	MED 10	17.3	S DECENDEN res, specify Co	rban, Maxica	NIC ORIGIN? (S an, Puarto Ricar by:	pecify Yes on, atc.)	r No 14	Specify:	merican Indian, ita, atc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 NON	+) (G	ive kind of w Do NOT us	USUAL OCC FORK done dui e retired.)	UPATION ing most of wo	rking		OWN		TRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) MATTHEW	BOLI	Ŋ				JL A H	ME (First, Middle	e, Maiden Su	rname) FRA	Frankl	ile ala
70	MR. LEE I. PRU	IETT	191	316	ADDRESS (S	Street and Num	LAN	Route Number, CIE, GL	EN B	State, Zip Co UR NI	E, MD	. 21061
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		20b. PLACE A cemetery, cre MARY	matery or off	her plenel	ON (Name of TERAL	is CE	11295 METER			or Town, St SVILL	
	21. SIGNATURE OF FUNERAL SERVICE LI	Dankin			l GL	ME AND ADD	R NA	(ENUE	YEAR	10 21	റഖ	AL HOME
	23. PART I. Enter the diseases, or ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	MYOC	t caused the de ise on each line CARDIAL	INFAR	ot enter th	e mode of	lying, suc	h es cerdiac	or respirat	tory arrest	,	Approximate Intervel Between Onset end Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
CERTI	that initiated events reaulting in death) LAST	d	(OR AS A CONSEC	OENCE OF								
V: MEDICAL	PART II. Other significent condition	ns contributing to	death but not re	esulting in	n the unde	rlying cause	given in		WAS AN AU PERFORME YES 2X	D?	A/AIL. COMP OF DE	AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 1 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 4 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER:	28. PLACE OF						
ВУ РНУ	27. MANNER OF DEATN 1 📉 Natural 5 🗌 Pending 2 🔲 Accident investigation	28a. DATE OF (Month, Di	INJURY	26b. TIME INJU	OF 28	c. INJURY AT WORK?		6 Other (Spe 28d, DESCRIB		JRY OCCUR	ED	
ETED	3 Suicide 6 Could not be datarmined	28a. PLACE O building,	F INJURY — At hon atc. (Specify)	ne, farm, at	reet, factory	office		28f. LOCATION City or Tox	N (Street and vn, State)	Number or F	Rural Route N	lumber,
COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSI 2 MEDICAL EXAMINE	CIAN: To the best of	my knowledga, das camination and/or in	ith occurred	d at the time	, data and pla	ea, and dua	to the cause(a) time, data and	and manner	r as stated. us to the ca	suse(s) and r	manner as stated.
TO BE	201. SIGNATURE AND TITLE OF CERTIFIE	mas	1				CENSE NUM 146488		29		ENED (Month	8, 1995
	TACQUELYN ISLA	ND, M.D.				EADE,	MD	20755-	-5800	1		

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Pages 1, 2, 3 should permit. burial-transit Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 page 5 should be detached for use as the funeral director, after death. the 1 in by ŏ Filled and completely to burial, crematic DIVISION OF VITAL RECORDS, P.O. BOX 68760 executed wit 2 the attending physician I Mental Hygiene prior to certificate be signed by 1 Health and DR ATTENDING PHYSICIAN: The law certificate to the State this (DIRECTOR: After the hours after death v hours a HOSPITAL

0 1995

FOR STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 520 ma 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRT NPLACE (State or Foreign DAYS HOURS 2/11 10 Maryland 80. CITY, TOWN OR LOCATION OF DEATH BUTO ME 9c. COUNTY OF DEATN DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3108 East Lombard Street 21224 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, While, alc. If yes, specify Cuben, Maxican, Pu FORCES? 1 YES 2 NO 1 Never Married 2 Married Specify: BY 3 🕅 Widowed 4 🗌 Olvorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 vrs Homemaker Own Home 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Malden Surname) Ħ Charles F. Eckstein Katherine SMith **BE** notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 George Prietz East Lombard St., Baltimore, Md. 21224 3102 20a. METHOD OF DISPOSITION pe 20b. PLACE ANO DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata must Buriel 2 Cremation 3 Removal from State Donation 5 Other (Specify) ... 1 - 10 - 95Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Edison M. Perkins 22. NAME AND ADDRESS OF FACILITY examiner Moran-Ashton Funeral Home, 11nc. Edwin 3 D00083 3000 E.Baltimore St., BAltimore, Md. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Fine) the disease or condition Chromic obstantive 10 Yut event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Youan traumatic CERTIFICATION d.al Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 0 Injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAIL ABLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Shows 1 YES 2 NO has been s Dept. of H PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL OTHER:
4 Mursing Nome 5 Residence 6 Other (Specify) 1 YES 2 NO ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 9 27. MANNER OF DEATN 26a. OATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 26d. DESCRIBE NOW INJURY OCCURED marked, 1 Netural WINES 5 Pending Investigation 1 YES 2 NO 8 2 Accident 26a. PLACE OF NJURY -281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 60 COMPLETED 6 Could not be after 28 4 Nomicide Item 29a. CERTIFIER

Chark and 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) TO THE HOSPITAL

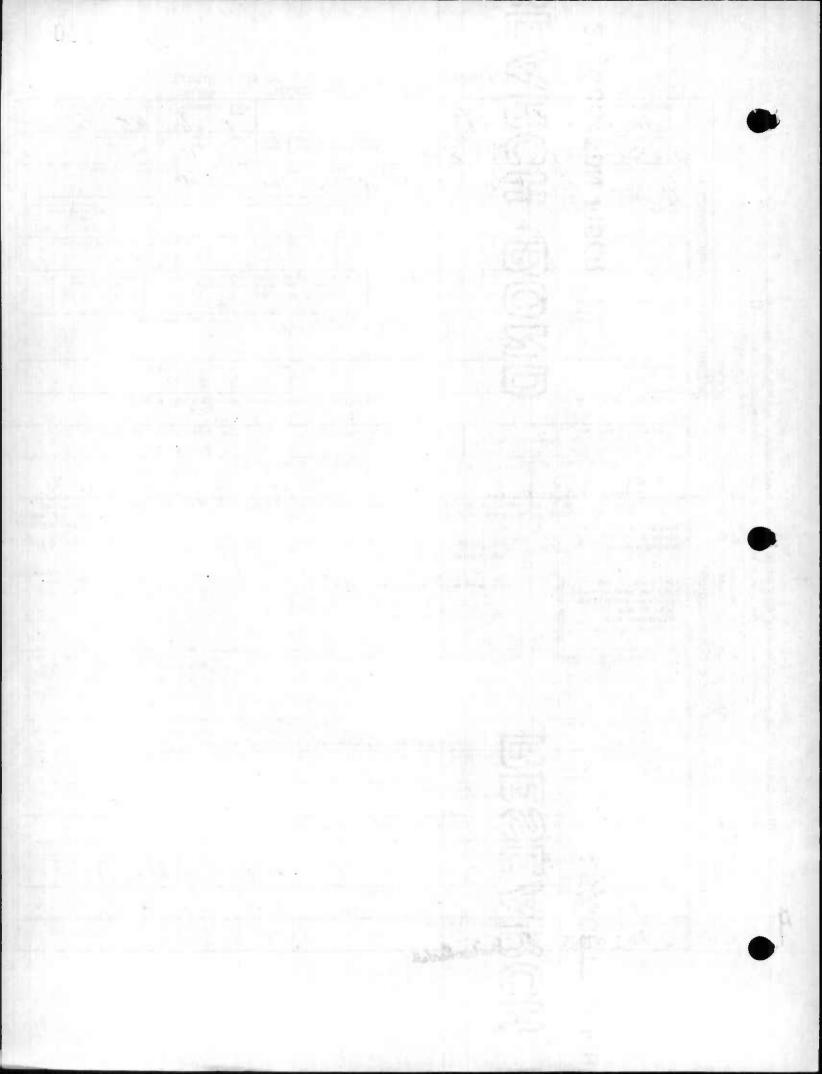
TO THE FUNERAL

be filed within 72 h

IMPORTANT: If I 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 8 29d, DATE SIGNEO (Month, Day, Year) P31865 Mien-Kiou 9 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALSE OF DEATH (ITEM 27) (Type, Print) antar Street Boex ma 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATUR JAN 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

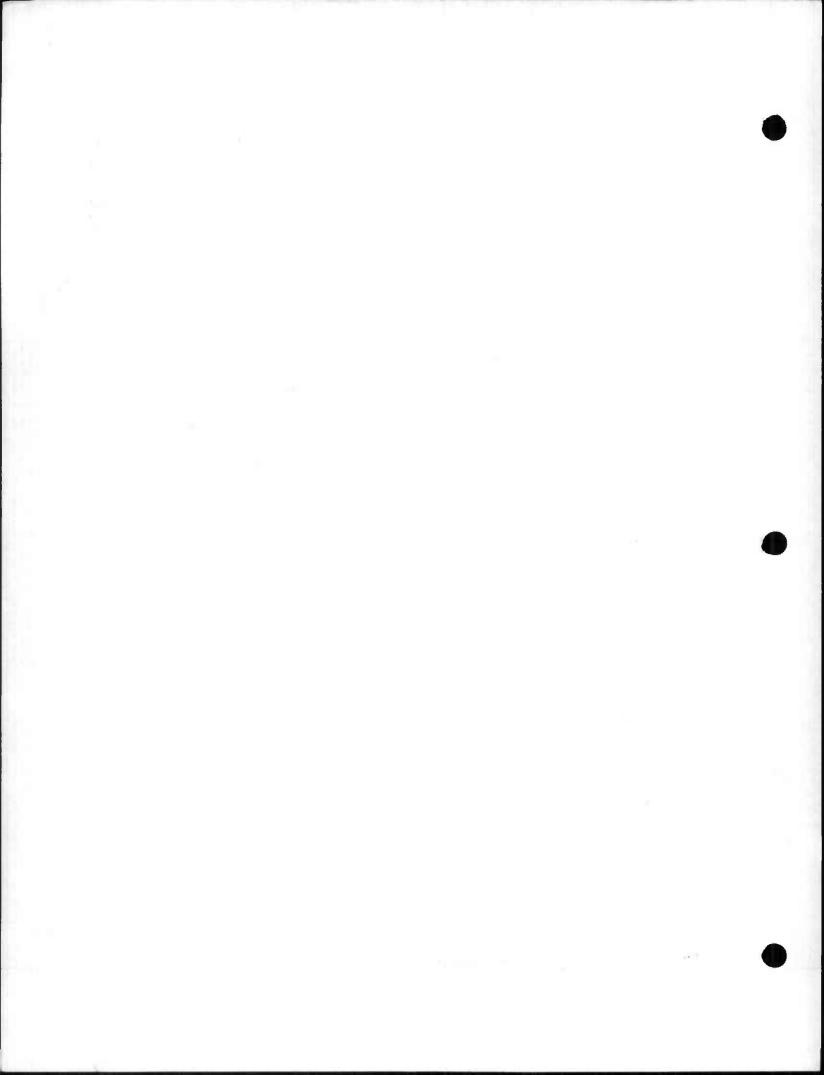
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BALTIMORE, MARYLAND 21215-0020	be executed within an nours after death. Page 6 may be retained by the hospital or attending physic
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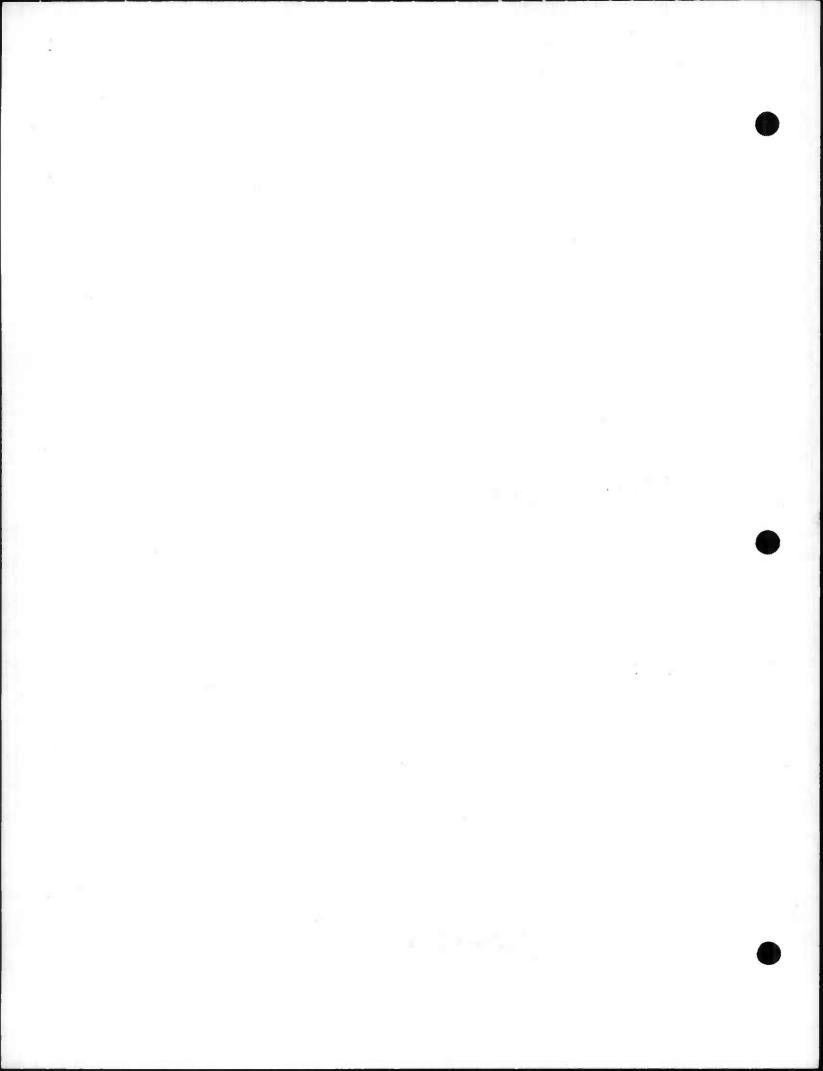
		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMEN CERTIFICAT	T OF HEALTH AND	MENT	AL HYGIENE REG. NO.				
		1. DECEDENT'S NAME (First, Micolle, Lest)	Resh			2. DAT	E OF DEATH	93	3.	R: 45	H A
Þ	2	212-38-1964	1 1 2 0 F 9	YRS. MONTHS		16	E OF BIRTH ith, Day, Year)	3 P	enns	ce (State or Fo. ylvani	
1. 2, 3 should	TOR	99. FACILITY NAME (If not institution, give s AS DUPLY MOTH RESIDENCE OF DECEDENT	Home .	96. CT	y, town or location of			MON	of DEAT	110 -	· / .
permit. Pages 1	DIRECTOR	10a. STATE 10b. COUNTY	ntromen	Y Galt	hersbur	9				I. INSIDE CITY LIMITS? YES 2	
Si	FUNERAL	31 PV55011			308 M	7		25.	OF WHAT	COUNTRY?	
1215-0020 or attending physician. r use as the burlat-transit	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DAWN II	2 NO	WAS DECENDENT OF HISI If yes, specify Cuben, Mex 1 VES 2 NO Spe	ican, Puerto	IN? (Specify Yes or Plican, etc.)		RACE - Black, W Specify: Whit		in,
21215- tal or attendi for use as	LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16e. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	during most of working		b. KIND OF BUSINI			1 1 .	
YLAND 2 by the hospital be detached to at once.	COMP	17. FATHER'S NAME (First, Middle, Last) James J. Resh	5 yrs+	Teacher		NAME (First,	Middle, Melder Sur Buckingl	name)	y sc	noors	
MARY retained by 5 should by notified at	TO BE	196. INFORMANT'S NAME (Type/Print) Richard Webb			SS (Street and Number or Run nancellor Pi	al Route Nur	nber, City or Town, S	itata, Zip Coo	-) E	
TORE, e 6 may be ector, page must be		20g, METHOD OF DISPOSITION 1 🗠 Surial 2 🗆 Cremation 3 🗆 Rem. 4 🗆 Donation 6 🗀 Other (Specify)	oval from State cem	PLACE AND DATE OF DISPO enterly, cremetory or other plect Parkwood Cen	SITION (Name of	DA 1-7	TE 20c. LOCAT	Ville	or Town,		
ALTIN death. Pag funeral dis examiner		21. SIGNATURE OF PUHERAL SERVICE LIC		22 I	NAME AND ADDRESS OF Ruck Towson 1050 York Rd	FACILITY Funer	al Home	, Inc			
filled in by the filled in the remote the medical		IMMEDIATE CAUSE (Final	Ischemic	the deeth. Do not ente ech line.	er the mode of dying, s					Approximatinterval Be Onset and	etween Death
B 5 4 5	NO	Sequentially list conditions,	Atheroscle	CONSEQUENCE OF):						Yea	
De be lor tion to	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	CONSEQUENCE OF):							
S, P. death of attend femal Hy, or	- 41	PART II. Other algnificant condition	d	ut not resulting in the	inderlying cause given	in Part I	24s. WAS AN AU	maev	245 WE	RE AUTOPSY FIR	10000
RECOR requires that the sen signed by of Health and shows any I	MEDICAL	Chronic Bronchitis Hypertension			industrying cause given		PERFORME 1 YES 2 W	07	AVA COF	ILABLE PRIOR 1 MPLETION OF CO DEATH? YES 2 N	TO
TAL The la the has ate De	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp	ОТНЕ	26. PLACE OF DEATH			ad. 2 (.F1·1	
OF V PHYSICIA this certif with the rked, or		27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?		er (Specify) A(3) I		\rightarrow	TECHITY	
TTE DING I	TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— Al home, farm, street, fa		261. LO	CATION (Street and y or Town, Stete)	Number or F	tural Route	Number,	
	COMPLET		CIAN: To the best of my knowl R: On the basis of examination						luse(e) an	f manner ee at	tated.
6 14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE N	IUMBER		DATE SH		nth, Day, Year)	
FFD	2	30. NAME AND ADDRESS OF PERSON WHO	M.O.	ATH (ITEM 27) (Type, Print) 911 Aussell	Ovenne bei		nry , mD.				4.
1		JAN 1 0 1995	32. REGISTRAR'S SIGNA) '				



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tunnent iffrector, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)				OATE O	DEA		2. DATE OF	OFATH		1	. TIME OF OEATH
	CROVER		T					MONTH	DAY		YEAR	-
	GROVER 4. SOCIAL SECURITY NUMBER	5. SEX	IRK 6. AGE (In yrs. les	of hirthday)	ROBIN IF UNDER 1 YEA	-	R 24 HRS.	7. DATE OF E	AARTON A			7:40A M
	218-18-9717	1 🛛 M 2 🗆 F	69		MONTHS DAY		MIN. T	(Month, De	15,19		Country)	ACE (State or Foreign
	9e. FACILITY NAME (If not institution, give a	11	09	The.			1	eb.				land
000	729 E. 21st S	1	96. CITY, TOW					9c. COUN	ITY OF OEA	тн		
2	RESIDENCE OF DECEDENT		ватт	imor	e C:	ıty.						
DIRECTOR	10e. STATE 10b. COUNTY	Y		10c, CITY	TOWN OR LO	CATION					1	Od. INSIDE CITY
1 등	Maryland			Ralt	imore							LIMITS?
AL	10e. STREET AND NUMBER			ратс	TINOLE	101. ZIP COD	ME.			10- 01717		YES 2 NO
35	729 East 21st	Street				2121						
FUNER	11. MARITAL STATUS		IT EVER IN U.S. AR	MED	12 WM C F			IIC ORIGIN? (S			S.A.	- American Indian,
	1 📉 Never Married 2 🗌 Merried	FORCES? 1	XYES 2 1	10	If yes,	specify Cube	en, Mexica	n, Puerto Ricer	n, atc.)	1 110	Black, \	White, atc.
B	3 Widowed 4 Divorced	WWII	MIN ON DATES		''''	ER S (T) NO	Specify	r:			Specify	lack
	15. OECEDENT'S EDU- (Specify only highest grade	CATION	16e. OE	CEDENT'S L	SUAL OCCUP	TION	_	16b. KIN	D OF BUSIN	ESS/INDL	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	- Ma	Do NOT use	ork done during retired.)	most of workl	ng					
آ <u>آ</u>	12		Coo	k	•			Vi1	la J	lu1i	e Co	llege
once. COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Middle				
ш	Haywood Robins	on				Car	rrie	Smit	h			
B	19e. INFORMANT'S NAME (Type/Print)		196	b. MAILINO	ADDRESS (Street			Route Number, C		State, Zip	Code)	
2	Lelia M. Robin	son	7	29 E	ast 2	1st S	Stre	et. B	alti	mor	e. M	D 21218
u u	20a, METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem	ment from these	20b. PLACE	AND OATEO	DISPOSITION	Name of (~~~	DATE			Ity or Town	
Ē	4 Denetion 5 Other (Specify)		arri	Son	Fores	t Vet	ts	1/11	Gar	ris	on.	MD
9	21. SIGNATURE OF FUNERAL SERVICE ALC	ENSEE /		/	Marg	AND ADDRE	SS OF FAC	CILITY	T ===	P	0 - 0 1	HM PA
8	*Thorn (ex	and I	lang-	_/	4101	Equa	w.	on Av	,JI	run	erai	HM PA
the medical	23. PART I. Enter the disesses, or complications that f used the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cell on each line. Approximate interval Between											
Ĕ	shock, or heart fellure. List only one ceus on each line. IMMEDIATE CAUSE (Final											
2	disease or condition -> . HYPERTENSIVE ARTERIOSCURROTIC CARDIOVASCULAR PISEASE											
JE U	resulting in death)	DUE TO	(OR AS A CONSEC	DUENCE OF	102000	Mile	CAR	VIOVAS	SCOM	1 4	12603	
or other traumatic event, ERTIFICATION												İ
	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF)	:							
5	Cause. Enter UNDERLYING CAUSE (Disease or Injury	C										
	that initiated events	. DUE TO	(OR AS A CONSEC	DUENCE OF)	:							
CERTIFICATION	resulting in death) LAST	d										
	PART II. Other significant condition	s contributing to	deeth but not n	esulting in	the underly	Ing cause i	given in I	Part I 24a	. WAS AN AU	ITOROV	045 99	ERE AUTOPSY FINDINGS
TEDICAL	FATTY LIVER	_				ing couse ;	givenini		PERFORME		A\	MILABLE PRIOR TO DMPLETION OF CAUSE
MED								- 17	YES 2	NO	OI	F DEATH?
2 2	DID TOBACCO USE CONTI	DIDLITE TO CA	LICE OF DEA	TH VEC			TENTA IA				1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	VIDUIE 10 CA			(Check only or		ERTAIN	Ч Ц				
SIC!	EXAMINER?	HOSPITAL:			OTHER:							
H d	27. MANNER OF DEATH	25e. DATE OF	INJURY	26b. TIME	OF 26c, I	NJURY AT	isidence	6 Other (Spe 26d. DESCRIE		URY OCCI	URED	
	1 Natural 5 Pending Investigation	(Month, D	wy, Year)	INJU	RY	WORK?	NO					
	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE O	F INJURY — At ho	me, farm, sti	reet, factory, of	fice		26f. LOCATION	N (Street end	Number o	or Rural Rout	te Number
TEI C	4 Homicide determined	bullaing,	atc. (Specify)					City or Tox	vn, Stete)			
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYINO PHYSIC	CIAN: To the best of	my knowledge de	eth occurred	at the time 4	tte and elec-	and this	to the course	and many		4	
₩.												nd menner ea stated.
	246. NGNATURE AND TITLE OF CHRISTER	<u> </u>	1									
E H	MANAYA	A	LIY				ENSE NUM		2			onth, Day, Year)
<u>₹</u> 2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED ONL	SE OF DEATH (ITEA	1 27) /Xma /	Print	1 0.	C.M	.E.		JA	N_06	1995
	MARIO + GM	E. VEL	in						22			
	31. DATE FILED (Month Day, Year)	22. REDISTRA	D'C CICNATURE		Stree	L. Ba	alti	more,	Mar	yla	nd 2	1201.
	JAN 1 0 1995	deli As	whor hards	11.								
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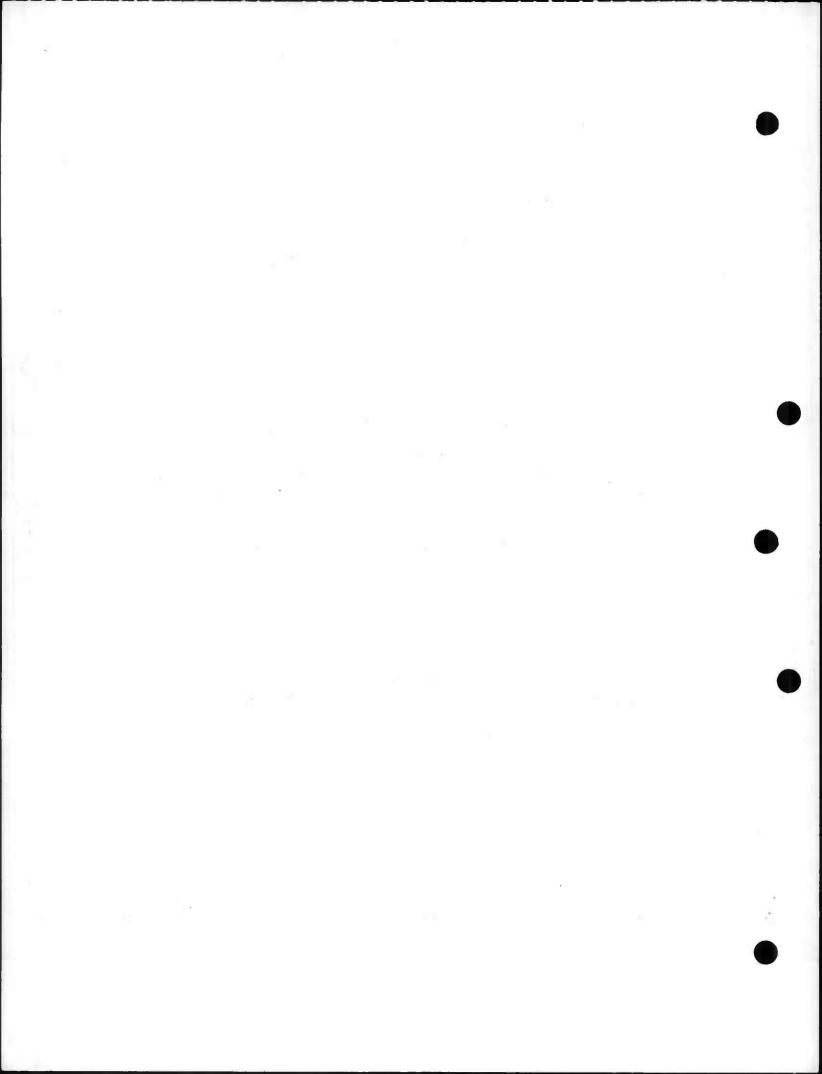
TO THE HISTORY TO THE FIGURE BE filled

IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

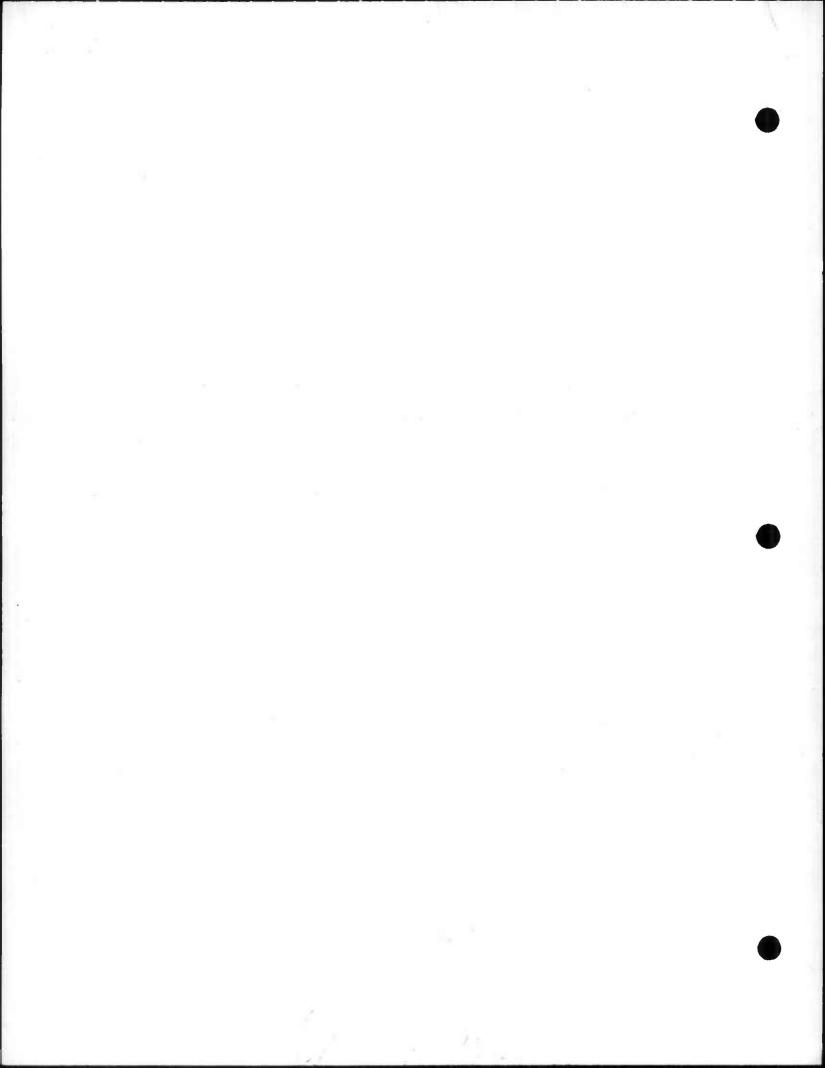
	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI			MENTAL HYGIEN				
=	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	PHILLIP	Ros	EN			JAN &	95	75		
				F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign		
=	119-07-3433	¹₽ M ² □ F 75	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) DEC 25	,1919 N	untry)		
	9a. FACILITY NAME (If not institution, give street		9	b. CITY, TOWN O	R LOCATION OF DI		9c. COUNTY O			
DIRECTOR	NORTHWEST HOSPITAL	CENTER		RANDA	ALLSTOWN	ALTIMORE				
H.	10e, STATE 10b, COUNTY		10c. CITY, 1			10d. INSIDE CITY				
	MARYT.AND	BALTIMORE	RA	NDALLS	POWN			1 X YES 2 NO		
AL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?		
FUNERAL	3701 WOODSPRING CI	P.			21133			USA		
5		12. WAS DECEDENT EVER IN U.S		13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No- 14. R	ACE — American Indian, lack, White, etc.		
ВУ	1 Never Married 2 Wilderried 3 Wildowed 4 Divorced	FORCES? 1 YES 2	В		2 NO Specif	in, Puerto Rican, etc.) y:		pecify:		
			WWII					WHITE		
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	FION 164 mpleted)	(Give kind of world	k done during mos	N I of working	16b. KIND OF BU	SINESS/INDUSTR	Y		
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	#e. Do NOT use n	IAGER			FABRIC	·		
N	17. FATHER'S NAME (First, Middle, Last)		1.16.71	MOLIK						
2		SEN			JENNI	ME (First, Middle, Maiden	YAGER			
8	19a. INFORMANT'S NAME (Type/Print)) JULY	405 44411110 44	AD500 (0						
2	MRS. ROSALIND M. F	OCEN				ROUTE NUMBER, City or Tow RANDALLSTO				
	20a. METHOD OF DISPOSITION		CEAND DATE OF							
	1 🕅 Buriel 2 🗆 Cremation 🕒 Hemovi 4 🗋 Donation 5 🗆 Other Processing		BETH JA			0ATE 20c. LO	CATION - City of			
	21. SIGNATURE OF FUNCTIAL SERVICE		DIJIII OI							
	1/2/	\sim				& BROS.,				
_	-//	Lynina	-					ORE, MD 21215		
	23. PART I. Enter the diseases or con shock, or heart failure. Lis	mplications that caused the st only one cause on each	a death. Do not ilna.	antar tha mod	da of dying, auc	h aa cardiac or rasp	iratory arreat,	Approximata Interval Between		
	IMMEDIATE CAUSE (Final									
	resulting in death) a. IN TRACTABLE CONGETTIVE HEART FAGURE									
	disease or condition									
CERTIFICATION	OUE TO (OR AS A CONSEQUENCE OF).									
ξ	oue to (or as a consequence of): If any, leading to immediate cause. Enter UNDERLYING									
일	CAUSE (Disease or Injury that inflitated events Due TO (OR AS A CONSEQUENCE OF):									
E	reaulting in death) LAST									
	DART II. Other clasificant conditions									
X	PART II. Other significant conditions	contributing to death but r	not resulting in t	tha underlying	cause givan in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă		me Gara	rong of	PATURY	- Parks	1 YES 2	NO D	OMPLETION OF CAUSE OF DEATH?		
M		PECURPENT		J Cular	tototal	CARDON		1 YES 2 NO		
AN.	DID TOBACCO USE CONTRI			□ NO □	UNCERTAIL	N 🗆				
PHYSICIAN: MEDIC		HOSPITAL:	PLACE OF DEATH ((Check only one) THER:						
IYS	1 TYES 2 NO 1	28s. DATE OF INJURY	nt 3 DOA 4	☐ Nursing Home		6 Other (Specify)				
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME O	Y WOI	RK?	28d. OEŞCRIBE HOW I	MJURY OCCURED			
BY	2 Accident Investigation	280. PLACE OF INJURY —	N home term etce		ES 2 NO					
COMPLETED	3 Suicide 8 Could not be 4 Homicide date;mined	building, etc. (Specify)	ar roome, raini, acre	et, ractory, office		281. LOCATION (Street of City or Yown, State)	and Number of Hur	al Houte Number,		
9	290. CERTIFIER			78 3 3 7						
MP	(Check only	AN: To the best of my knowledge On the basis of exemination and						5.2000 - S.C.		
8		On the basis of szaministron and	DOT INVESTIGATION, I	in my opinion, or	eth occured at the	time, data and place, an				
BE	296. SIGNATURE AND TITLE OF CERTIFIER	3 ne			29c. LICENSE NUI		29d. OATE SIGN	IED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIFE OF DECISION	(ITEM OT /	(-4)	D173	702	UTTA	-5,1995		
.	ORIANDO B.	7		ни)	ROA	EHWEST	Hospi	7-5,1995 THE COUTED		
		AND ALGISTRAT'S SIGNATUR			KANDA	HISTER	/ Red	. 21133		
	JAN 1 07995 Ju	I STATE OF THE STA								



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			TIME OF DEAT	Н
1	Ethel Rosencra	nce				January 4		YEAR	8:15	AM
1	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (I		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPL	ACE (State or Fo	
	236-66-4366		90 YRS.	ITHS DAYS	HOURS MIN.	1-19-1904	. 1	West	Virgin	ia
	Se. FACILITY NAME (If not institution, give str	set end number)	96.	CITY, TOWN	R LOCATION OF DE	ATH	_	TY OF DEAT		
	Magnolia Gardens	Nursing Hom	ne L	anham			Prin	ce Ge	orge	
	10e. STATE 10b. COUNTY			WN OR LOCAT	ION			10	d. INSIDE CITY	
	Maryland Princ	e George	Laure	1					LIMITS?	
	10e. STREET AND NUMBER	<u> </u>			ZIP CODE		10g. CITIZE		T COUNTRY?	
	5807 Maple Terra	ce			20707		USA			
	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			IIC ORIGIN7 (Specify Ye		4. RACE —	American India	an,
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2X NO Specify	n, Puerto Rican, etc.)		Specify:	/hite, etc.	
	15. DECEDENT'S EDUC	ATION	44- 050505174					Whi	te	
	(Specify only highest grade of	completed)	(Give kind of work life. Do NOT use ret	done during mo	IN It of working	16b. KIND OF BU	SINESS/INDU	STRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemaker			Home				
	17. FATHER'S NAME (First, Middle, Last)		Homemake		18. MOTHER'S NA	ME (First, Middle, Meiden	Sumamal			
ı	Lee J. Kelley					nn Wamsley				
ı	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO ADD	RESS (Street e		Route Number, City or Tox		lode)		
	Debbie Rodgers				rrace				0707	
	20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Remo	val from State	PLACE AND DATE OF DE	SPOSITION (Na	me of		CATION — CI		State	
	4 Donation 5 Other (Specify)	B	Bell Cemete Bell Cemete	ery	1.	/7/95 Hut	tonsv	ille,	WV	
1	21. SIGNATURE OF FUNERAL SERVICE LICE	ASEE /			D ADDRESS OF FAC					
	Colall	Modera				Home, Inc		-1 M	D 207	07
	23. PARTI. Enter the diseases or conshock, or heart failure. Limmediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF):					,	Approxima Interval Be Onset and 2 de 2	tween Death
	that initiated events resulting in death) LAST PART II. Other aignificant conditions					Pert I. 24a. WAS AN PERFOI	RMED?	CO OF	RE AUTOPSY FIN NLABLE PRIOR 1 MPLETION OF C. DEATH?	TO AUSE
1	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	F DEATH YES [□ NO □	UNCERTAIN	1 🗆		l		
J		HOSPITAL:	28. PLACE OF DEATH (C)	heck only one)						=
Y	1 VES 2 NO	1 Inpatient 2 ER/Outpa	itlent 3 DOA 4/	Nursing Home	5 Residence					
4	Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJU WOI	RK?	28d. DESCRIBE HOW I	NJURY OCCU	RED		
ı	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— At home form street		ES 2 NO	204 4 0 0 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 441 - 1			
l	4 Homicide Could not be determined	building, etc. (Specif	fy)	, ractory, office		281. LOCATION (Street and City or Town, State)	and Number or	HUMI HOUSE	Number,	
		AN: To the best of my knowle On the beele of examination							d menner as et	ated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			T	29c. LICENSE NUM	BER	29d. DATE S	SIGNED (Mo	ingh, Day, Year)	
	1600			- 1	D344	0)	•	11	7/6	7
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA			Leco 1	7-6 Bu	16 /7/	0 7	117	
	JAN + U 1995 June	32. REGISTRAR'S SIGNA	TURE							\neg

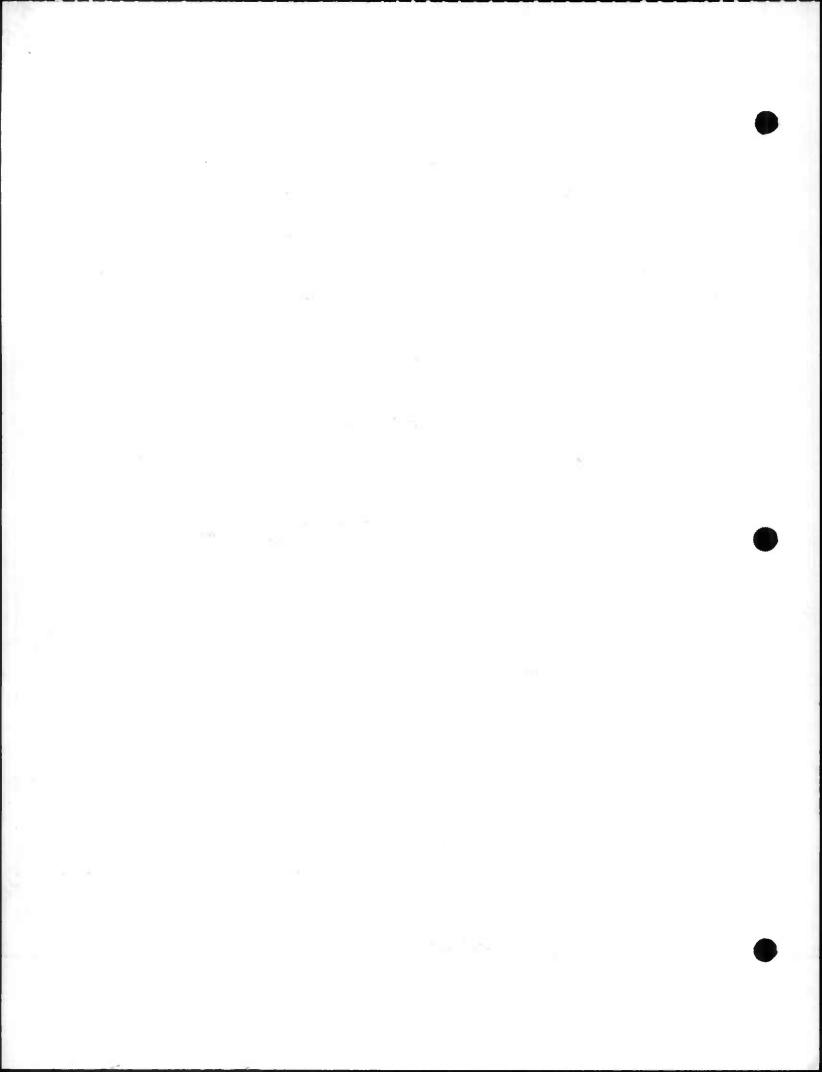


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an individual relationship of the individual physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTA	L HYGIENI				
1000	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	, v	FAR	3. TIME OF DEATH	
	JOHN EDWARD 4. SOCIAL SECURITY NUMBER	ROSSI				JAN	1. 5			12:15P M	
	212-48-5327		n yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH	8.	Country)		
	9a. FACILITY NAME (If not institution, give st		±0	9b. CITY, TOWN (OR LOCATION OF D		/22/46	9c. COUNTY		ryland	
NO HO	3 Punte Lane				dle River					nore	
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	DENT					12.70				
DIRECTOR	Maryland	Baltimore	100.01		river				- 1	IOd. INSIDE CITY LIMITS? I YES 2 K NO	
	10e. STREET AND NUMBER				. ZIP CODE			10g. CITIZEN		IAT COUNTRY?	
FUNERAL	3 Punte Lane				21221				USA	1	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 12 YES	2 NO	13. WAS DEC	ENDENT OF HISPAI ecify Cuban, Maxica	NIC ORIGIN	I? (Specify Yea Rican, atc.)	or No- 14.	RACE - Black,	– American Indian, White, atc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 🗆 YES	2 NO Specif	y:			Specify	White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18e. DECEDENT'S	vork done during mo	ON set of working	16b	. KIND OF BUS	NESS/INDUS		WIICE	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)			- 36	_			
MC	17. FATHER'S NAME (First, Middle, Last)	2 Years	mechai	ncial En	gineer 16. MOTHER'S NA	ME (First)		Emp.			
BE C	Raymond John Ro	ssi					ices Me				
TO B	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural				de)		
۴	Jan Bowersox		3873	Saybrook	Court	Mado	nna, M	D 210)84		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo	oval from State ceme	PLACE AND DATE O	her place)		DATI		ATION — City			
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		rision_		Et. Cem.		0/195	Owings	Mi	lls, MD	
	101	11	11	Johns	son Funer	cal H					
\dashv	23. PART I. Enter the diseases, or c	complications that caused	He diesth. Do n	8521 ot anter the mo	Loch Ray	ven B	lvd.	Towsor	V. N	D 21286	
	ahock, or haert failure. I	List only one cause on as	ch line.	. 0	,			,	,	Interval Between Onset and Death	
	disease or condition	. Acute into	cuebra	I hem	onlage						
		OUE TO (OR AS A			0						
ON	Sequentielly list conditions, if any, leading to immediate	b. DUE TO (OR AS A	CONSEQUENCE OF):							
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	c									
E	that initiated events resulting in deeth) LAST	OUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION		d									
	PART II. Other eignificant condition		t not resulting i	n the underlying	g ceuse given in	Part I.	24a, WAS AN A			VERE AUTOPSY FINDINGS	
MEDICAL	Chonic gou						1 🗌 YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	
Σ	DID TOPACCO LICE CONTR	DIRLITE TO CALLEE OF	DEATH VE	s El No E	1 (1) (5)				1	YES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONTR		6. PLACE OF DEAT		UNCERTAI	иП					
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpa		OTHER:	5 Mesidence	6 □ Othe	r (Specify)				
Ŧ	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIMI	OF 28c. INJ			CRIBE HOW IN	JURY OCCUR	EO		
BY	1 Natural 5 Pending Investigation			M 1 🗆 1	rES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specif	— At home, ferm, s	treet, factory, offic		28f. LOC	ATION (Street ar or Town, State)	d Number or F	Rumil Flor	ute Number,	
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the beat of my knowle	doe death occurre	d at the time date	and place and due	40.40					
OM I		R: On the basis of examination							use(e) :	and manner as stated.	
шШ	296. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUM	MBER		29d. DATE SI	GNED (A	Aonth, Day, Year)	
TO B	1.000	nov2-			2071	32		▶ [-	-6	-95	
	30. NAME AND ADDRESS OF PERSON WHO	O DONONA OF DEA	TH (ITEM 27) (Type,	Print) 211	2 Dun	dalk	Ave.	Balf	0 N	nd ruzz	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE								



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician.	annual has been signed by the attending prostrain and compressly filled in by the funeral director, page 5 st the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ence
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT O	F HEALTH AND	MENTA	L HYGIEN	E			
	(DECEDENT'S NAME (First, Middle, Last)	Ridgway	DA JANE			MONT	OF DEATH		YEAR 495	TIME OF DEATH	
- 1	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YE	EAR IF UNDER 24 HRS.	7. DATE	OF BIRTH			CE (State or Foreign	
ļ	218-03-9945 9e. FACILITY NAME (If not institution, give str	1 M 2 XF 75	YRS.	- 10	AYS HOURS MIN.	Feb	. 18,	1919	Mary	lan d	
e l	Johns Hopkins B		ital		wn or Location of t timore	DEATH		9c. COUNT	Y OF DEATH		
ן ק	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		40.00	Y, TOWN OR L							
DIRECTOR		Arun de 1		altimo				10d. INSIDE CITY LIMITS? 1 YES 2 X			
FUNERAL	1 Circle Drive				10f. ZIP CODE 21226	<u> </u>		10g. CITIZEN OF WHAT COUNTRY?			
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO If yes, specify Cuban, Maxican, Puerto Rican, et I YES 2 XNO Specify:								4. RACE — A Black, Wh Specify:	American Indian, life, etc.	
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade c	completed)	16a. DECEDENT'S (Give kind of life. Do NOT us	work done durin	PATION g most of working	168	. KIND OF BUS	SINESS/INDU		WITT CC	
MPL	12th Grade	College (1-4 or 5+)	Homemak	ker			lous dw		House	wife	
BE CO	17. FATHER'S NAME (First, Middle, Last) Elmer E. SI	hewbridge, S	r.		16. MOTHER'S N.		^{Middle, Meiden} izabeth		e		
0	Mr. Alfred N. Sh	ewbridge			reet and Number or Rural				21 ngc		
	Mr. Altred N. Shewbridge 400 Madingley Rd., Linthicum, Md. 21090 286. METHOD OF DISPOSITION 1X/1 Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Completely, or principle of Cametery, or other place) 4 Donation 5 Other (Specify) Date 20c. Location City or Jown, State Cametery, or other place) 4 Donation 6 Other (Specify) Date 20c. Location City or Jown, State Cametery, or other place) 4 Donation 5 Other (Specify) Date 20c. Location City or Jown, State Cametery, or other place) 4 Donation 5 Other (Specify) Date 20c. Location City or Jown, State Cametery, or other place) 4 Donation 5 Other (Specify) Date 20c. Location City or Jown, State Cametery, or other place)										
ı	21. SIGNATURE OF FUNERAL SERVICE LICE	Kevin E.	Takan	22. NAM	E AND ADDRESS OF F	ACILITY	95 616	en Ruse	ne, M	lary land_	
	•	Kevin E.	Ecker	McC 27	e and address of F Ully Fune 237 E. Pat	ral H	lome of	Broo Balt	klyn o M	d 21225	
	23. PART i. Enter the dieeeses, or co shock, or heert feilure. Li	ist only one cause on as	the deeth. Do r	not enter the	mode of dying, suc	ch ss care	diec or respi	ratory srres	it,	Approximats interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) S. Cardiopulmonary Arrest Due TO (Ob as a consequence op.)										
z	Chronic Obstructive Pulmpuggy Disease Dueses										
N N	csuse. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in desth) LAST										
	PART ii. Other significent conditions	contributing to deeth bu	t not resulting	in the under	lving cause given in	Part i.	WAS AN	AUTOPSY	AZD WEE	RE AUTOPSY FINDINGS	
EDICAL	Hypertensi	_					PERFOR	MED?	COM	LABLE PRIOR TO IPLETION DF CAUSE DEATH?	
PHYSICIAN; MEDIC	DID TOBACCO USE CONTR					N 🗆			1 [YES 2 NO	
2	WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpat	PLACE OF DEA	OTHER:	one) Home 5 🗆 Residence						
á II	MANNER OF DEATH	28a. DATE OF INJURY	26b. TIM	E OF 28c	, INJURY AT		CRIBE HOW IF	JURY OCCU	RED		
10	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1	WORK? YES 2 NO						
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, atc. (Specifi	– At home, tarm, s	street, factory,	office		ATION (Street a or Town, State)	nd Number or	Rural Route	Number,	
COMPLEIED		IAN: To the best of my knowle : On the bests of examination								manner se stated	
	SIGNATURE AND TITLE OF CERTIFIER				1 =						
	Whin	CUND					_	1		0 1005	
2	30. NAME AND ADDRESS OF PERSON WHO		TH (ITEM 27) (Type	Print)	1044	0-14	_	10	uuar	47,1719	
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 31. DATE FILED (Month, Day, Year)										

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should permit. as the burial-transit urs after death. Page 6 may be retained by the hospital or attending physician. 980 page 5 should be detached for once. te notified è must director, medical examiner the funeral filled in by 6 completely filled rial, cremation, o the executed within traumatic event, prior to burial, and signed by the attending physician Health and Mental Hygiene prior to certificate be other 6 OR ATTENDING PHYSICIAN: The law requires that the death Injury, thas been signed by the Dept. of Health and m 23 shows any in Item this certificate h 6 age a marked, After the DIRECTOR: A hours after d .00 28 Heal FUNERAL I within 72 h TANT: If II HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

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Item # 17.18 Film # G 719 1-30-95 N.A. Per Funeral home STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH p 95 07 01 CARL J. ROSENBERGER 5:25 м 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign , Day, Year) 26 (Mont DAYS HOURS 1X M 2 | F 214-05-3142 83 VRS 11 MARYLAND 9s. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL ANNE ARUNDEL GLEN BURNTE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL GLEN BURNIE 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 223 ALLWOOD DRIVE 21061 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, atc. ORCES? 1 YES 2
YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: FORCES? 2 XNO 1 Never Married 2 Married BY 3XWidowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete) (Give kind of work done life. Do NOT use retired.) dery (0-12) College (1-4 or 6+) 0 CHAUFFEUR TRANSPORTATION 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) unknown-John Rosenberger Alice Kraig unknown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 THERESA M. MORAN 223 ALLWOOD DRIVE-GLEN BURNIE MD. 21061 20a. METHOD OF DISPOSITION

★☑ Burial 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (\$Decity) 20c. LOCATION --- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name DATE GLEN HAVEN CEMETERY 1/1d GLEN BURNIE . MD . 21. SIGNATURE OF FUNER 22, NAME AND ADDRESS OF FACILITY 21061 RAYMOND C 426 CRAIN FINK FUNERAL HOME 2106 HWY.S.W.GLEN BURNIE,MD. 23. PART I. Enter the diseases, shock, or heart fallure complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, List only one cause on each line. intervai Between **Onset and Death** IMMEDIATE CAUSE (Final disesse or condition_ Mc Coldia reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MEDICAL AMAJLABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | XHO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN:

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 14☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 TES 2 NO OTHER: ng Home 5 Residence 5 Other (Specify) 4 Nursi 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCURED 25b. TIME OF INJURY 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident
3 Suicide 28e. PLACE OF tNJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.

29c. LICENSE NUMBER

D34109

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

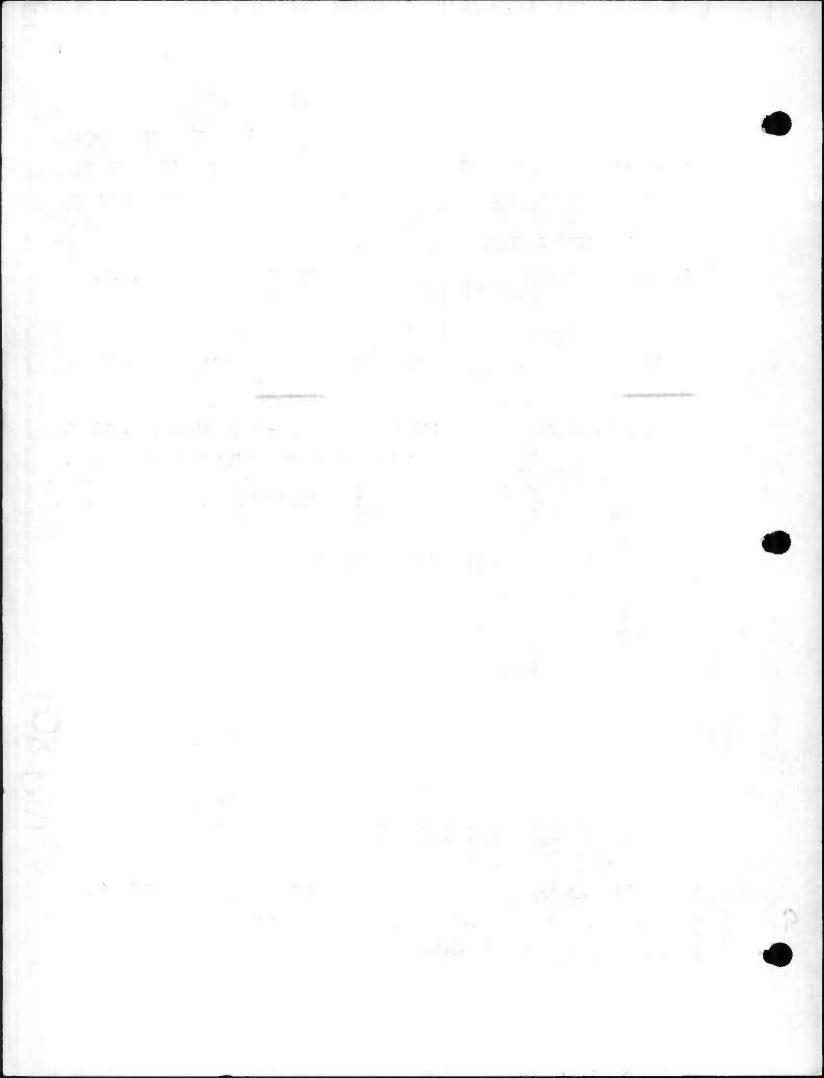
MICHAEL A SYLVA M.D.-1600 S. CRAIN HWY.#302-GLEN BURNIE, MD.21061

JAN 1 0 1995 32. REGISTRAR'S SIGNATURE

296. SIGNATURENAND TITLE OF CERTIFIA

29d. DATE SIGNED (Month, Day, Year)

01/09/95



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ICIAN: The law requires that the death certificate be executed within	signed	Health	WS an
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NDING	The After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pane	er deat	is m
÷	Š	2 more than death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	25 VE
H	Į	172 %	them is is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi

Item # 1 Film # G 719 1-10-95 N.A. Per funeral Home STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Konnoth Roth George Kenneth Roth 1995 January 7:57 A M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 K M 2 | F DAYS HOURS 11-26-1906 171-05-8543 88 YRS. PENNSYLVANIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR BAY VIEW MEDICAL CENTER BALTIMORE N/A RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CATONSVILLE 1 YES 2 NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10a. CITIZEN OF WHAT COUNTRY? 713 MAIDEN CHOICE LANE, APT. 1201 21228 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 X Married BY 1 TES 2 NO Specify: Specify: WHITE 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gi ET Elementary/Secondary (0-12) College (1-4 or 5+) STANDARDS ENGINEER COMPL TRUCK MANUFACTURING 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) GEORGE BENJAMIN **ROTH** ADELE SARAH DANNER BE 19a, INFORMANT'S NAME (Type/Print) MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code), 21
713 MAIDEN CHOICE LANE, APT 1201, 21
714 MAIDEN CHOICE LANE, APT 1201, 21 19b. MAILING ADDRESS (Street and Number or Rural Route Number, 2 21228 IRENE HOFFERT ROTH MD. 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 1/13/95 20c. LOCATION - City or Town, State 1 Donation 5 Other (Specify) HIGHLAND MEMORIAL PARK ALLENTOWN, PA. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 3/ 0 1 SECOND AVENUE, S.W. GLEN BURNIE, MARYLAND 21061 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory screet, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final **Onset and Death** disesse or condition resulting in death) . SEPSIS DUE TO (OR AS A CONSEQUENCE OF): Prostate Cancer CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO INCERTAIN I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one **EXAMINER?** HOSPITAL: OTHER: 1) Inpatient 2 - ER/Outpatient 3 - DOA 1 TYES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY 26d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? INJURY 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 26s. PLACE OF INJURY - At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED datermined 29s. CERTIFIER
(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(s) and menner as stated.

29c. LICENSE NUMBER

950



BE

9

29b. SIGNATURE AND TITLE OF CENTIFIER

31. DATE FILED (Month, Day, Year)

O COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

OHMH-16 Bey 1/89

29d. OATE SIGNED (Mgnth, Day, Year)

1.78 · U . Fr. Wilson, The com

<u>January</u> 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year DAYS HOURS 215-30-3779 1 M 2 X F 89 March 27 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH Summit Nursing Home DIRECTOR Catonsville RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore Woodlawn permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE Page 6 may be retained by the hospital or attending physician. al director, page 5 should be detached for use as the burial-transit 7316 Fairbrook Rd. 21244 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 W Divorced 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION ecify only highest grade complete (Spe (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) 10 <u>Homemaker</u> 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Edmund Roscoe 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Margaret Hamilton 7935 Johnnycake Rd. Baltimore Maryland 90 20e. METHOD OF DISPOSITION

1 Burlet 2 Cremetton 3 Removal from State 206. PLACE AND DATE OF DISPOSITION (Name of OATE must the funeral director, Metro Crematory 4 Donation 5 Dother (Specify) January 9 medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADORESS OF FACILITY hours after death. Leroy M. & Russell C. Witzke Funeral Home 1630 Edmondson Avenue Catonsville Maryland 23. PART I. Enter the diseasea, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest. and completely filled in by burtal, crimation, or remo ahock, or heart fallura. List only one cause on sech line. IMMEDIATE CAUSE (Finel the disease or condition resulting in death) traumatic event. BOX 68760 CERTIFICATION Sequentielly list conditions, prior to Mesician If any, leading to immediate date he ceuse. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL shows any Health DIVISION OF VITAL REC D 10 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: Dept b 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) Item OR ATTENDING PHYSICIAN THE DIRECTOR: After this certificate hours after death with the State HOSPITAL OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 27. MANNER OF GEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, Ierm, street, factory, office building, etc. (Specify) 3 Sulcide 8 Could not be COMPLETED 200 4 Homicide datarmined item 29a. CERTIFIER

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(Chack code) TO THE HOSPITAL OF TO THE FUNERAL DE BE filed within 72 M 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 品 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTEAR'S SCHATURE

CERTIFICATE OF DEATH

Rogers

FOR STATE REGISTRAR

Harriet

31. DATE FILED (Month, Day, Year)
IAN 1 0 1995

1. DECEDENT'S NAME (First, Middle, Last)

G.

95 00389 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF OEATH 3. TIME OF DEATH 995 8:00 8. BIRTHPLACE (State or Foreign Country) Scotland 9c. COUNTY OF DEATH Baltimore 10d. INSIDE CITY 1 TYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? Scotland 14. RACE — American Indian, Black, White, etc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY Own Home 21244 20c. LOCATION - City or Town, State 1995 Catonsville Maryland 21228 Approximata Interval Batwo **Onset and Death** 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO OF DEATH? 1 YES 2 NO 28d, DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d, DATE SIGNED (Month, Day, Year)

P.CORDS P.O. BOX 68760. BALTIMORE, MARYLAND 21215-0020	ath certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.	Misording physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	may Hygiene phor to bunal, cremation, or removal.	than 23 shows may mind, or other traumatic event, the medical examiner must be notified at once.
BOX 6	ficate be exec	physician and	ine prior to bu	her traumat
P.O.	The agh certi	ttending	mai Hygie	njury, or off
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N OF V	PHYSICIAN	r this certifi	h with the c	arked, or
VISION	ATTENDING	ECTOR: After	S affer deal.	n 28 is m.
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	1 - STATE STATE OF MARYLAND	O / DEPAR CERTIF				D MEN	TAL HYGIEN REG. NO.	E		
	tack track	Ada L.					ATE OF DEATH DATE OF DEATH		95	9-35 P. M M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 X F 8. AGE (In yrs 1 M 2 X F 8. AGE (In yrs 8. AGE (In yr	yrs.		DAYS HO	OCATION O	11	ATE OF BIRTH North, Day, Year)	8 9c. COU	8. BIRTHPL Country)	ACE (State or Foreign Md
TOR I	Keswick Home		Cit	у, В	altim	ore				
DIRECTOR	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR						10	Dd. INSIDE CITY
	Md Harford 100. STREET AND NUMBER		Bel A	,						YES 2 NO
ERA	200 F Burkwood Court				1015				JSA	AT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	II y	es, specify	Cuben, Ma	xican, Pua	IIGIN? (Specify Yea irto Rican, atc.)	or No-	Specify:	- American Indian, White, atc.
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a.	DECEDENT'S	work done duri		working		16b. KIND OF BUS	INESS/IND		ite
PLE	Elementery/Secondery (0-12) College (1-4 or 5 +)	Home	emaker				Own I	lome		
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last) William Hoerichs				мотнея s Sophi		rst, Middle, Maiden	Surname)		
10	19a. INFORMANT'S NAME (Type/Print) Audrey Miller						Number, City or Town		21015	
	20a. METHOD OF DISPOSITION 20b. PLA	CE AND DATE (OF DISPOSITION						City or Town	
	Cometery	sapeake	crem		Y OORESS OF		/9 Bel	tsvil	le, M	ld 20705
	Mille Dieted	N OR	Bra	dley	-Asht	on F	uneral l	lome	dalk	Md. 21222
	23. PART I. Enter the diseases, or complications that caused the ahock, or heart fellure. List only one cause on each immediate CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A COMP	DPA	ot enter th	e mode	of dying,	auch es d	cerdiec or respi	retory arr	eat,	Approximate Interval Between Onset and Death 33 9/5.
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF): d.									
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100	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DI	EATH YE	S NO		UNCERT	AIN 🗆				
PHYSICIAN	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient		QTHER:		☐ Rasiden	ca 6 🗆 C	Other (Specify)			
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year)	28b. TIM	E OF 26 URY	ic. INJURY WORK?		-	DEŞCRIBE HOW IN	JURY OCC	CURED	
BY	2 Accident Investigation 3 Suicide 2 Could not be 28a. PLACE OF INJURY — At	t home, farm, s		office	2 NO	261. [OCATION (Street a	nd Number	or Rural Rout	te Number
	4 Homicide detarmined building, stc. (Specify)						Olty or Town, State)			
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O BE	State 1	hy sic	ran		D34	1988		> /	18/9	onth, Day, Year)
-	Savid G. 12647, 4.D.	6565	Print) V. (har	la c	(tr	Bulto	16	1.25	204
	31. DATE FILED (Month, Day, Year) 1005 32. REGISTRAR'S SIGNATURE	Rodall	8			1				

. . . TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 5th hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

ENDERT PATTEL - SOOKS SCOUNTY MOMBER - SPECIAL STANDARD	REGISTRAR			CERTIF	ICATE	OF	DEA	TH		REG. NO.			
S. SECTION SOLITION NUMBERS AS A SECTION NUMBER OF A SECTION OF BEAT STATE OF SECTION OF	1. DECEDENT'S NAME (First, Mid	folio, Last)					W				AA.	YEAR	3. TIME OF DEATH
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Clark Hot Right Price Completed College (14 or 5+) College (14 or 5+) 2+ Assistant Manager Westinghouse Electric Company	1 Never Married 2 Mar	FORCES?	1 X YES 2 E		100	f yes, sp	ecity Cuba	ın, Maxica	in, Puerto R		or No-	Black	, White, etc.
2+ Assistant Manager Electric Company 17. FATHERS NAME (First, Middin, Last) 18a. MOTHERS NAME (First, Middin, Michae, Last) 18a. MOTHERS NAME (First, Middin, Michae, Last) 18b. MALING ADDRESS (Stress and Number or Rest Route Number (Dry or Revs.) Stells, 25c Code) 28b. MALING ADDRESS (Stress and Number or Rest Route Number or Rust Route Number or Rust Route Number or Rust Route Number or Rust Route Number or Rust Route Number or Rust Route Number or Rust Route Number or Rust Route Number or Rust Route Number or Rust Route Number or Rust Route Number or Rust Route Number or Rust Route			16a.	DECEDENT'S	USUAL OC	CCUPATIO	ON .		16b.	KIND OF BUS	SINESS/IN	DUSTRY	
17. FATTHER'S NAME (First, Models, Last) 18. MOTHER'S NAME (First, Models, Models Surrame) 19. MATCHER'S NAME (First, Mo			r 5+)	life. Do NOT us	work done (se retired.)	during mo	st of worki	ng	We	esting	hous	e	
The Mattern Name (Prize Modes, Last) Harrington J. Rattell 19a. MANNANT'S NAME (Prize Modes) Rita Rattell 19b. MAILHO ADDRESS (Street and Number or Parel Route Number, City or Sum, Stells, Zip Code) Rita Rattell 20b. PLACE AND DATE POSPOSTION (Name) Rita Rattell 20b. PLACE AND DATE POSPOSTION (Name) Right Revised 2: Cementern 3 Removal from State 20b. PLACE AND DATE POSPOSTION (Name) Right Revised 2: Cementern 3 Removal from State 20b. PLACE AND DATE POSPOSTION (Name) Right Revised 2: Cementern 3 Removal from State 20b. PLACE AND DATE POSPOSTION (Name) Right Revised 2: Cementern 3 Removal from State 20b. PLACE AND DATE POSPOSTION (Name) Right Revised 2: Cementern 3 Removal from State 20b. PLACE AND DATE POSPOSTION (Name) Right Revised 2: Cementern 3 Removal from State 20b. PLACE ON DEATH (Name) AND DATE CAUSE (Final diseases, or complications that cause on each line. ASCVD DUE TO (OR AS A CONSCOURNCE OF): CAD S/P MT DUE TO (OR AS A CONSCOURNCE OF): C. LUNG CANCER DUE TO (OR AS A C				ssist	ant N	Mana	ger			-			У
196. INFORMANT'S NAME (**Ipper*inity) Rita Rattell 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stele, Zip Code) A 19 Spring A warpland 1172 206. METHOD OF DEPOSITION 1 Cementation 3 Removel from State 1 Constant of 1 Removel from State 1 Removel from State 2								HER'S NA					
Tish. MAILING ADDRESS (Street and Number or Rural Role Number, City or Town, State, Zip Code) Rita Ratter Rate (TypeFried) Rate Rate Rate Rate (TypeFried) Rate Rate Rate Rate Rate Rate Rate Rate	Harrington J	. Rattell					Mar	у На	rgado	on			
Rita Rattell 20a. METHOD OF DISPOSITION 1 (R Burlet 2) Ceremetion 3 Removal from State 4 Donation 5 Other (Specify) 21b. PLACE AND DATE OF INSPOSITION (Name of Candidate Plant		Print)		19b. MAILING	ADDRESS	(Street a	nd Number	r or Rural I	Route Numb	er, City or Town	n, Statu, Zi	p Code)	
20b. PLACE AND DATE OF DISPOSITION DATE DATE CENTIFYING PART L. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part 24b. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO DEATH?	Rita Rattell			4:19	Sprin	A PF	venu	e .	Cator	svill	e Ma	ryla	nd 21228
Standard Consider Consideration Consid			20b.PLAC	E AND DATE	OF DISPOS	ITION /Na	me of		DATE				
22. NAME AND ADDRESS OF RACILITY Lerroy M & Russell C Witzke Funeral Hot 1630 Edmondson Avenue Catonsville Mary 1640 Edmondson Avenue Catonsville Mary 1640 Edmondson Avenue Catonsville Mary 1640 Edmondson Avenue Catonsville Mary 1640 Edmondson Avenue Catonsville Mary 1640 Edmondson Avenue Catonsville Mary 1640 Edmondson Avenue Catonsville Mary 1640 Edmondson Avenue Catonsville Mary 1640 Edmondson Avenue Catonsville Mary 1640 Edmondson Avenue Catonsville Mary 1640 Edmondson Avenue C			Mean Mean	Crematory or o	ther place)	met	eru	01_1	1_95				
23. PART I. Enter the diseases, or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heert failure. List only one cause on each line. Approximate the mode of dying, such as cardiac or respiratory arrest, interval ones of dying, such as cardiac or respiratory arrest, abock, or heert failure. List only one cause on each line. ASCVD			1	OWLIG	22.	NAME AN	D ADDRE	SS OF FA	CILITY	POLS	Cy,	ricit y.	Lana
23. PART I. Enter the diseases, or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one ceuse on each line. ASCVD	· There	upon)	200										
28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 29. CERTIFFING PNYSICIAN: To the beat of my knowledge, deeth occurred at the time, deta and place, and due to the cause(s) and manner as stated.	Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b	CAD S/P TO (OR AS A CONSTITUTION OF AS A CONSTITUTION CAN	MI SEQUENCE OF	F):								
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	PART II. Other significant of	conditions contributing	to deeth but no	t resulting	in the un	derlyln	csuse (given in	Part I.	PERFOR	MED?	24b.	
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27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Momicide 28a. DATE OF INJURY Month, Day, Year) 28b. TIME OF INJURY NJURY 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. Could not be detarmined 28c. Could not be detarmined 28c. CERTIFIER (Check only) 28c. CERTIFYING PNYSICIAN: To the beat of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated.	EXAMINER?	HOSPITAL:				₹:							
1 Natural 2 Accident 3 Suicide 4 Momicide Natural 2 Notice Accident Natural 3 Suicide 4 Nomicide Natural 2 Notice Not				_				esidence			N HIBY CO	VOLUMED	
2 Accident 3 Suicide 4 Momicide 29a. CERTIFIER (Check only) CERTIFYING PNYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and menner as stated.		(Monti	h, Day, Year)	INJ	IURY	WO	RK?	THO	280. DEŞ	CHIBE NOW I	HJUHY OC	CUMED	
4 Homicide determined building, etc. (Specify) 29e. CERTIFIER (Check only) CERTIFYING PNYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated.	2 Accident Inve	stigation	E OF IN HIDY A.	home for				_ NO	204 100	TION (O-	and Marin		
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated.	_ 0 000	no not be build!	ing, etc. (Specify)	nome, ramt,	ereet, fact	ory, offic						r or Rurel F	oute Number,
one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner a	(Check only	ING PNYSICIAN: To the bea) and manner as state
296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED /MOURIL DISK 16		EXAMINER: On the beals	/			1							
	295. SIGNATURE AND TITLE OF	-	. ^	1					11000				Month Day Mars
30. NAME AND ADDRESS OF PERSON-WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)	296. SIGNATURE AND TITLE OF	-	~~	0.				-miner voc			•		ACTOR DESCRIPTION AND ACTOR AND ACTOR AND ACTOR AND ACTOR AND ACTOR AND ACTOR AND ACTOR AND ACTOR AND ACTOR ACTOR AND ACTOR AC

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

194 J. 1955 Shadada Care

15-0020	ttending physician.	and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should
BALTIMORE, MARYLAND 21215-0020	executed within a nours after death. Page 6 may be retained by the hospital or attending physician	Il director, page 5 should be detached for use
68760, BALT	executed within announs after death.	and completely filled in by the funera

DIVISION OF VITAL RECORDS, P.O. BOX

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detach	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ir death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nours after death. Page 6 may be retained by the hosp

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND A	DEPARTMENT OF I		NTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) A S M R 4. SOCIAL SECURITY NUMBER 5	Joseph	RAJe	NSKI J	DATE OF DEATH DAY OF 199	S. TIME OF OEATH
	0/2 :0 0= =	SEX 6. AGE (In yrs. la.	YRS. MONTHS DAYS	HOURS MIN.	Month, Day, Year)	BIRTNPLACE (State or Foreign Country) MARYANA
стов	Bethlehem RESIDENCE OF DECEDENT	AVE. 120	5 Bal	TIMOR		Y OF DEATN
DIRECTOR	10e. STATE 10b. COUNTY		BALTIM	one		10d. INSIDE CITY LIMITS? 1 Sec. 2 No
FUNERAL	Bethlehen	AVE, 12 C	25	21226	2 Cl.	S- A-
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If yes, s	DENDENT OF HISPANIC OF DECITY Cuban, Maxican, Pu B 2 M. NO Specify:	RIGIN? (Specify Yea or No.— 14 effo Rican, etc.)	I. RACE — American Indian, Black, White, atc. Specify:
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	npleted) (G	ECEDENT'S USUAL OCCUPATION of work done during months and of work done during months and of the control of the	ON psi of working	16b. KIND OF BUSINESS/INDUS	STRY TO CO
	17. FATHER'S NAME (First, Middle, Last)	D of	16.011(10)	18. MOTHER'S NAME (F	First, Middle, Malden Surname)	NAUSING
TO BE	19a. INFORMANT'S NAME (Type/Print)	KAJEWSK	b. MAILING ADDRESS (Street	TRANCI and Number or Rural Route	Number, City or Town, State, Zip Co	RUCAK
	13RUCE NAJE	20b. PLACE	JREW ST.	350 BA	DATE Y29C, LOCATION - CH	21224 y or Town, State
	1 Buriel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNGRAL SERVICE LICENS	I from State cemetary cr	ematory Softer place)	LAUS JAI	V. U BAltiMU	re, Maryland
	Mark (7 Romas	hi 1005	ABRUWS DUNDA	Ki / Choj	NACKITH.PA.
	23. PART I. Entar tha diseases, pr cpm shock, pr haart failura. List IMMEDIATE CAUSE (Final	plicetions that caused the det only one ceuse on each line	eath. Do not enter the mo	ode of dying, such as	cardiec or raspiratory arres	t, Approximete Interval Between Onset and Dasth
	disease pr condition resulting in death) s	DUE TO (OR RE'A CONSE	OUENCE OF):	N- HYI	pertensión	/
NOIT	Sequantially list conditions, if sny, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF):			
CERTIFICATION	csuse. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):			
AL CE	PART II. Other algolificant conditions of	ontributing to death but not	resulting in the undarlyin	g ceuae givan in Part	I. 24e. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDIC					PERFORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
AN:	DID TOBACCO USE CONTRIB		ATH YES NO COME OF DEATH (Check only one)	UNCERTAIN 2	2	
SICI	EXAMINER?	OSPITAL: Inpatient 2 ER/Outpatient 3	OTHER:	ne 5 🕏 Raaldenca 8 🗆	Other (Specify)	
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	INJURY WO	PURY AT 28d PRK? YES 2 NO	DESCRIBE NOW INJURY OCCUR	RED
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, factory, offic	281.	LOCATION (Street and Number or City or Town, State)	Rural Route Number,
COMPLETED		N: To the best of my knowledge, de				
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	W. M.	0.	29c. LICENSE NUMBER D 44793	29d. DATE S ▶ JA	UCIARY 9 1895
	30. NAME AND ADDRESS OF PERSON WHO CO	D. 6730 H.	M 27) (Type, Print)	tre. Dun	dalk, Md.	21222
	JAN 1 0 1995 July	Devolor Randell			,	DNMN-18 Rev 1/89



Item#19b Per F.H. Film#G-719 01/10/95 R.M.

	1. DECEDENT'S NAME (First, Middle, LI SAMUEL	HARRIS	A44 A 444	9191		2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF DEA		
	4. SOCIAL SECURITY NUMBER	5. SEX	AKA SAMUEL SCO		IF UNDER 24 HRS.	JANUARY	5, 199			
	212-33-4789	1 🖄 M 2 🗌 F	71 vrs.	MONTHS DAYS		CCT. 18,	1923	BIRTHPLACE (State or I		
ron		UNDEL HOSP	ITAL	9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNT ANNE	ARUNDEL		
DIRECTOR	RESIDENCE OF DECEDENT									
	MARYLAND	n/a			I VIUKE		100 CITIZE	LIMITS? 1 YES 2 EN OF WHAT COUNTRY?		
FUNERAL	401 E.	25 TH S	STREET		21218		UNIT	ED STATES		
B≼	11. MARITAL STATUS 1 💢 Never Married 2 _ Married 3 _ Widowed 4 _ Divorced	FORCES?	ENT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	if yes, s	ECENDENT OF HISPAN specify Cuban, Mexica ES 2 X10 Specify	n, Puerto Rican, etc.)	fes or No- 1	14. RACE — American Inc Bleck, White, etc. Specify: BLACK		
PLETED	15. DECEDENT'S (Specify only highest g	EDUCATION prade completed) College (1-4 or 8	(Give kind of		TION nost of working	16b. KIND OF E	n/a	STRY		
BE COMPL	17. FATHER'S NAME (First, Middle, Last)	SCOTT			18. MOTHER'S NA	ME (First, Middle, Maldle ECCA HAR	en Surname) RRIS	HAME!		
TO B	190. INFORMANT'S NAME (Type/Print) REBECCA H	ARRIS	19b. MAILIN 401	E. 25th	t and Number or Aural I	BALTIMOR	RE, MAR	CYLAND 2121		
	20a. METHOD OF DISPOSITION XX Burial 2 Cremation 3 .	Removal from State	20b. PLACE AND DATE COMPETER OF	EOF DISPOSITION (I	Name of	ENS 1-13		Ity or Town, State		
	4 ☐ Donation 8 ☐ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	VOSHELL		AND ADDRESS OF FA		DUNDAL	א, ויוט		
	1000	1 3/Al	Card	WM.	C. MARCH	IF H1101	L E. N	IORTH AVN.		
	resulting in death)		O (OR AS A CONSEQUENCE	(us OF):						
ICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	O (OR AS Á CONSEQUENCE (OF):						
RTIF	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	O (OR AS Á CONSEQUENCE (OF):						
RTIF	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	O (OR AS Á CONSEQUENCE (O (OR AS A CONSEQUENCE (O (OR AS A CONSEQUENCE (0F):	ng ceuse given in	Part I. 24s. WAS	N AUTOPSY	24b. WERE AUTOPSY		
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b	O (OR AS Á CONSEQUENCE (O (OR AS A CONSEQUENCE (O (OR AS A CONSEQUENCE (0F):	ng ceuse given in	Part I. 24a. WAS/PERF	ORMED?	24b. WERE AUTOPSY AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2		
AN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the condition	b. OUE TO C. DUE TO d	O (OR AS Á CONSEQUENCE (O (OR AS A CONSEQUENCE (O (OR AS A CONSEQUENCE (OF): In the underlyi	ng couse given in	PERF 1 TYES	ORMED?	AMILABLE PRIOR COMPLETION DF OF DEATH?		
AN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions.	b. OUE TO c. DUE TO d	O (OR AS A CONSEQUENCE OF CONSEQUENC	OF): In the underlyi 28. OTHER: 4 □ Nursing Ho		PERF 1 YES ack only one) 6 Other (Specify)	ORMED? 2 NO	AMALABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2		
PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions to the condition of the condition	b. OUE TO c. DUE TO d	O (OR AS A CONSEQUENCE OF CONSEQUENC	OF): 26. OTHER: 4 Nursing Ho	PLACE OF DEATH (Ch	PERF 1 YES	ORMED? 2 NO	AMALABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2		
TED BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the condition	DUE TO DUE TO C. DUE TO d. It HOSPITAL: 1 inpatient 2 28e. DATE O (Month, len) 28e. PLACE building	O (OR AS A CONSEQUENCE OF CONSEQUENC	OF): OF): In the underlyi OTHER: 4 Nursing Ho ME OF JURY M 1	PLACE OF DEATH (Chi	PERF 1 YES sock only one) 6 Other (Specify) 28d, DESCRIBE HOV	ORMED? 2 NO V INJURY OCCU	AMALABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2		
LETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions are successful and successful aignificant conditions. 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigations and suicide 6 Could not detarmine. 29a. CERTIFIER (Check only 1 CERTIFYING P.	DUE TO b. OUE TO c. DUE TO d	O (OR AS A CONSEQUENCE (O (OR AS A CONSEQUENCE (O (OR AS A CONSEQUENCE (O death but not resulting ER/Outpatient 3 DOA Def (NJURY 28b, Till Def (NJURY At home, farm,	OF): 28. OTHER: 4 Nursing Ho ME OF JURY M 1 , street, factory, off	PLACE OF DEATH (Chome 5 Residence NJURY AT YORK? YES 2 NO	PERF 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOV City or Town, Sta	ORMED? 2 NO Y INJURY OCCU of and Number of	AMALABLE PRIOR COMPLETION DE OF DEATH? 1 YES 2 JRED JRED A Route Number, 1.		
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions are supported by the conditions of the conditions of the conditions of the conditions of the conditions of the cause of the	DUE TO b. OUE TO c. DUE TO d	O (OR AS A CONSEQUENCE OF CONSEQUENC	28. OTHER: 4 Nursing Ho ME OF 28c. If JURY M 1 street, fectory, off	PLACE OF DEATH (Chome 5 Residence NJURY AT YORK? YES 2 NO	PERF 1 YES 1 YES Chy one) 8 Other (Specify) 286. DESCRIBE HOV 286. LOCATION (Street, City or Town, Steet) to the cause(s) and not time, date and place, MBER	ORMED? 2 NO VINJURY OCCU st end Number or fe)	AMALABLE PRIOR COMPLETION DE OF DEATH? 1 YES 2 JRED JRED A Route Number, 1.		
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant conditions and the condition of the condition of the condition of the condition of the condition of the cause of the caus	DUE TO b. OUE TO c. DUE TO d	O (OR AS A CONSEQUENCE OF CONSEQUENC	28. OTHER: 4 Nursing Ho ME OF 28c. If JURY M 1 street, fectory, off	PLACE OF DEATH (Chome 5 Residence NJURY AT YORK? YES 2 NO Ice Its and piace, and due death occured at the	PERF 1 YES 1 YES Chy one) 8 Other (Specify) 286. DESCRIBE HOV 286. LOCATION (Street, City or Town, Steet) to the cause(s) and not time, date and place, MBER	ORMED? 2 NO VINJURY OCCU st end Number or fe)	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 IRED IRED IRED A Rural Route Number, 1. cause(a) and menner as		

a harmon whe wish.

68760,
BOX
P.O.
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L RECORI
VITAL
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TO THE HOSPITAL DR ATTH OWE PHOLOIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item, 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)	S	CEPANI	K		2. DATE OF DEATH MONTH DA	i di	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7	BIRTHPLACE (State or Foreign		
	218-46-0582	1 □ M 2 🛱 F	47 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Your) 2-/3-4	47	Balto, Md.		
~	ae. FACILITY NAME (If not institution, give s	reet end number)		9b. CITY, TOW	OR LOCATION OF DE	HTA	9c. COUNTY	OF DEATH		
DIRECTOR	Northwest Hospi				Randalls	town	В	altimore		
# 1	Md. 10b. COUNTY	7	10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?		
0	100. STREET AND NUMBER	Baltimore			terstown		E day	1 YES 2 NO		
FUNERAL	27 E. Chatswor	rth Ave.				136	10g. CITIZEN	USA		
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED			HC ORIGIN? (Specify Yes	or No- 14,	RACE — American Indian, Black, White, etc.		
ВҰ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	OR DATES		specify Cuben, Mexica ES 2 NO Specify			Specify: White		
ED	15. DECEDENT'S EDU		16e. DECEDENT'S	USUAL OCCUPA	FION	16b. KIND OF BUS				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 2 Yrs. Col	life. Do NOT us	e retired.)	cretary					
N N	17. FATHER'S NAME (First, Middle, Last)	110. 001	Tege Hear	icai se		ME (First, Middle, Maiden	0			
Ö	Donald G. Who	eat			Eve		Hedges			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Poute Number, City or Yowi				
2	Me. Desmond G. S:	zcepanik			sworth Av			n, Md. 21136		
1	20e. METHOD OF DISPOSITION	etaraste wer	20b. PLACE AND DATE O	OF DISPOSITION	Name of	DATE 20c. LO	CATION — City	or Town, State		
	1 😡 Burlel 2 □ Cremetion 3 □ Rame 4 □ Donation 5 □ Other (Specify)		Lakeview	Memori	al Park	1/10/95 S	ykesvi	lle, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /		22. NAME	AND ADDRESS OF FA	1182	4 Reis	terstown Road		
	Jams D	Kene		Elin	e Funeral			wn, Md. 21136		
9	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final	list only one cause	on each line	ot anter tha n	noda of dying, suc	h as cardiac or reapi	ratory srrest,	Approximata		
	disesse or condition resulting in death)	BUS TO (0)	Le ca	280	of h	ense	Lot	= 72 hrs		
_		IMMEDIATE CAUSE (Final disease or condition resulting in death) Substituting in death) Substituting in death) Substituting in death) Substituting in death)								
OL	Sequantially list conditions, if any, leading to immediate	DUE TO (Of	R AS A CONSEQUENCE OF	j):						
S	CAUSE (Disease or Injury	C. DUE TO (OI	R AS A CONSEQUENCE OF	D.						
CERTIFICATION	that initiated events resulting in death) LAST	d	TAG A CONSECUTIVE OF	,						
	PART II. Other aignificant condition	s contributing to da	ath but not requiting i	n the underly	no cause alven in	Part I. 24e. WAS AN	ALITODOV	24b. WERE AUTOPSY FINDINGS		
EDICAL		Sey	un	25	ing cause given in	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
						1 YES 2	NO	DF DEATH?		
Σ.	DID TOBACCO USE CONTI	RIBUTE TO CAU!	SE OF DEATH YE	S \square NO.	LINCERTAIN			1 TYES 2 NO		
¥	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
Sic	EXAMINER?	HOSPITAL:	R/Outpetient 3 DOA	OTHER:	ome 5 🗆 Residence	6 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,		E OF 28c. I	NJURY AT YORK?	28d. DESCRIBE HOW II	NJURY OCCUR	ED		
B	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO					
8	2 Accident 3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, term, street, factory, offica building, etc. (Specify) 28s. PLACE OF INJURY — At home, term, street, factory, offica City or Town, Stete)							tural Route Number,		
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my	knowledge, death occurre	d at the time, de	ite end place, and due	to the cause(s) and men	iner ee stated.			
NO.								ouse(e) end menner ee stated.		
H	296. SIGNATURE AND TITLE OF CERTS 31	5	_		29c. LICENSE NUM	ABER 7	29d. DATE SH	GNED (Month, Day, Year)		
٩	296. SIGNATURE AND TITLE OF GENTS ST. 30. MARKE AND ADDRESS OF PERSON WITH	COMPLETED CAUSE	OF DEATH (ITEM 27) (Type,	Print)	65 67	- RE1'S	TERS	FOUN MI		
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S								
	JAN 1 0 1995 A	W WILLIAM	CHARLES CO.							

BALTIMORE, MARYLAND 21215-00	xurs after death. Page 6 may be retained by the hospital or attending I	in by the funeral director, page 5 should be detached for use as the
4	Š	filled
MINISION OF VITAL RECORDS, P.O. BOX 68760,	THE ON APPENDIANT THE Law requires that the death certificate be executed within clours after death. Page 6 may be retained by the hospital or attending to	The difference when this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the I

physician. burial-transit permit. Pages 1, 2, 3 should TO THE INSTITUTOR APPRICACIONS. The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hors TO THE FRANCE CHECKER After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

į	1. DECEDENT'S NAME (First, Middle, Last) FRANK A.				SACCO				2. DATE OF DEATH MONTH JAN 8 1995			3. TIME OF DEATH
	4. SOCIAL SECURITY NUME 199-09-739		5. SEX 1 X M 2 F	8. AGE (In yrs. I	est birthday) YRS.	IF UNDER	R 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		a. BIRTI	
		-		/5	rna.	Oh CITT	V TOWN	OR LOCATION OF	March 15, 1			nsylvania
DIRECTOR	Se. FACILITY NAME (If not institution, give etreet end number) Saint Joseph Hospital RESIDENCE OF DECEDENT					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF TOWSON, Maryland Balt						more
E E	10e. STATE	10b. COUNT			10c. CIT	ry, town	OR LOCA	TION				10d. INSIDE CITY
E E	Maryland	ryland				Baltimore				LIMITS? 1 [X YES 2 NO		
A I	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CI	WHAT COUNTRY?		
H	6202 Walther Avenue					21206			Unite		States	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 X YES 2 N IF YES, GIVE WAR OR DATES					13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 X NO Specify:			Black, White, etc. Specify:			
	I WW II					"S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY				White		
COMPLETED	(Specify onl	y highest grad	le completed)			work done	during me	ost of working	160. KIND OF BI	USINESS/IF	NDUSTRY	
	Elementary/Secondary (I	1-12)	College (1-4 or 5		semb1	vli	ne k	lorker	Scienti	fic	Drodi	uction
	17. FATHER'S NAME (First, M	liddle, Last)		[A3	3 CIIID I	y L, 1	iic r		IAME (First, Middle, Maide			action
2	Joseph Sacco					Mary Santoro						
BE	19a. INFORMANT'S NAME (1	19b. MAILING	ITIAT Y SATI LOT U IG ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)						
2	Mrs. Emma S	Sacco		191		02 Walther Avenue Baltimore, Md. 21206					21206	
	200. METHOD OF DISPOSIT	ION		20b. PLAC	EANDDATE	OF DISPO	SITION (N	ame of		OCATION -		
	1 X Buriel 2 Crematic		movel from State	Lakev	rematory or of	nor place	Gan	dens 1				Maryland
	21. SIGNATURE OF FUNERA	L SERVICE L	ICENSEE Mark	T. Za	vovn	2 22.	NAME A	ND ADDRESS OF	FACILITY	201 30	ui g,	riar y rana
			3prospe						Ruck, Inc.			111 01014
			0	it caused the	feeth Do				d Road Ba			Md. 21214 Approximate
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition								Interval Between Onset and Daati			
	resulting in death)	→	. ACUTE	INFERIOR	EOUENCE C	PCAF	DIAL	INFARCT	ION			12/30/94
2	Sequentially list condit	lone C	-CHRON	IC OBST	BUCT	VE PL	LAAC	NARY DE	SEASE			YEARS
	If any, leading to immediate									1274.0		
CERTIFICATION	CAUSE (Disease Dr Injury that Infiliated events											
‡ ∥	resulting in death) LAST											
3		-	4 RIGHT L									12/26/94
اي	PART II. Other aignifica	ent conditio	na contributing to	daath but not	resulting	In the u	ndarlyin	g cause given i	n Part I. 24a. WAS A		y 24t	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL	COI								COMPLETION DF CAUSE OF DEATH?			
É								1 TES 2 NO				
- 12	MULTIPLE ATRIAL TACHYCARDIA											
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL					26. P	LACE OF DEATH (C	Check only one)			
5	1 YES 2 NO		HOSPITAL: 1 Input of the first control of the firs									
Ē	27. MANNER OF DEATH		280. DATE OF	28b. TIR				28d. DESCRIBE HOW				
2		Pending Investigation	(Month), E	omy, rounty	"	M		YES 2 NO				
	2 Caleldo	Could not be	28e. PLACE C	OF INJURY — At I	home, farm,	street, fed	tory, offic		28f. LOCATION (Street City or Town, Steet	ON (Street and Number or Rural Route Number,		
COMPLEIED	4 Homicide	determined		, -, , ,					July 6. 10W11, 3100	-/		
	29e. CERTIFIER (Check only	TIFYING PHYS	SICIAN: To the best of	f my knowledge,	death occur	red at the	time, dete	and place, and de	ue to the cause(s) end m	anner ee si	Inted.	
	and A											(e) end manner se stated,
	296. SIGNATURE AND TITLE			7	0			29c. LICENSE N				D (Month, Day, Year)
2			Chall	80 m	W					•	1.	8.95
2	30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CALL	SE OF DEATH (1)	EM 27) (Type	e, Print)		D25886				0.13
							CENT	TER 7600	YORK ROAD	TOW	BON	MD 21204
	31. DATE FILED (Month, Day.			ARIA SIGNATURE	MEDI	VAL	AEIA	IET POEU	TONK HOND	1 1041	PHIN!	THU STEUT
	JAN 1 0 199	5 50	in Studen	Redall								



DHMH-16 Ray 1/89

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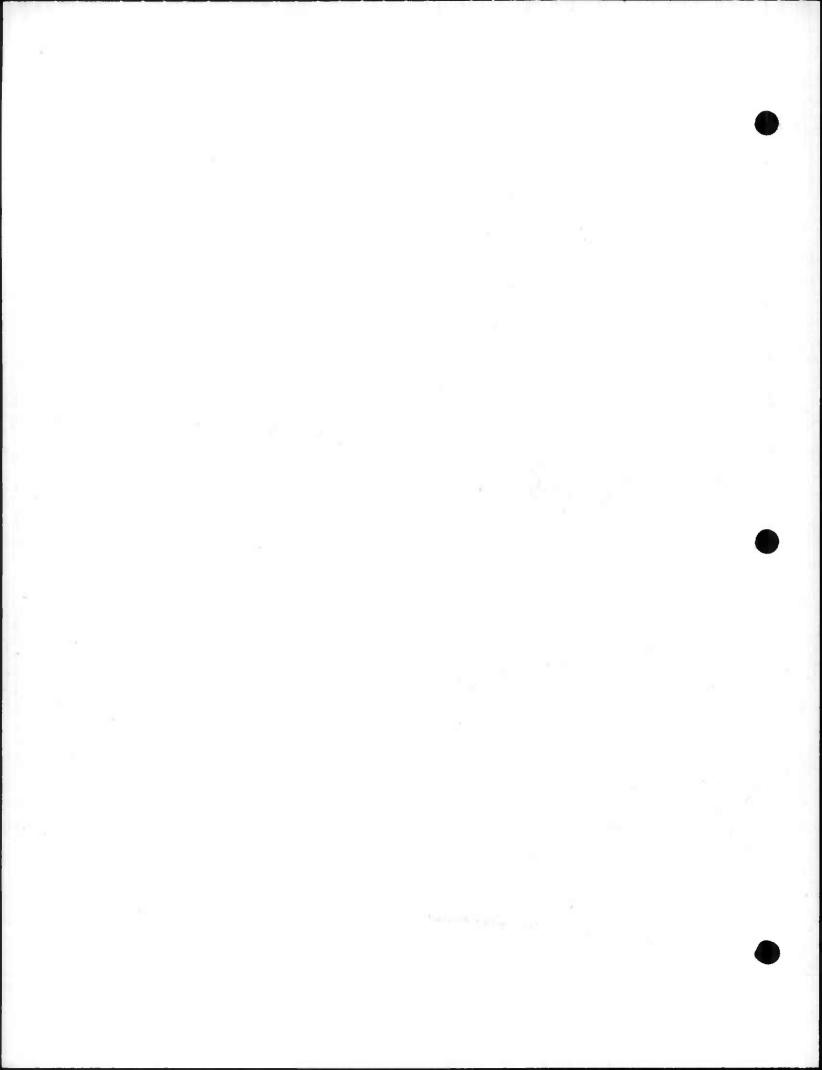
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

WILLIAM DELAWARE SCALES 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day's Near) 1								
WILLIAM DELAWARE SCATES 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F under 1 year F under 24 Hrs. T. DATE OF BIRTH (Month, Day, Year) T. DATE OF BIRTH (MONTH) T. DATE OF	OF DEATH							
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (S Country) 7. DATE OF BIRTH (Month, Day, Year) 7. DATE OF BIRTH (MONTH) 7. DATE OF B	.00 2							
346-34-3140 TXM 2 F 53 YMS. Mar. 30.1941 T11ing	tate or Foreign							
	ois							
90. CITY, TOWN OR LOCATION OF DEATH								
Maryland General Hospital Baltimore								
	DE CITY							
Maryland Baltimore 1X VE	8 2 NO							
10e. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COU 109. CITIZEN OF WHAT COU 109. CITIZEN OF WHAT COU 109. CITIZEN OF WHAT COU 11. MARITAL STAUS 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 14D YES 2 NO 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 14D YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — Ament 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 15. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 17. Never Marting 2 New Maxican, Puerto Rican, etc.)	NTRY?							
1027 Cathedral Street Apt. 6F 21201 U.S.A.								
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed Wild Divorced 12. WAS DECEDENT_EVER IN U.S. ARMED FORCES? 1.2 YES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, a Specify: Black, White, a Specify: Black	cen Indien, tc. LCK							
(Specify only highest grade completed) (Silve kind of work done during most of working life. Do NOT use retired.) (Silve kind of work done during most of working life. Do NOT use retired.)								
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) FoodTRansporter 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)								
17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Sumarne)								
William Scales Evelyn Dawkins								
10. INFORMANTIC NAME (Confident)								
Josephine Scales Josephine Scales Josephine Sc	0.1							
	.01							
36. METHOD OF DISPOSITION 10 Burlat 2 \(\text{D cremation } 3 \) Removal from State 4 \(\text{D onation } 6 \) Other (Specify) \(\text{D onation } 6 \) O								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
Marshall W. Jones, Jr Funeral HM PA #101 Edmondson Avenue, Balto. MD 212								
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or resolutions are at 1.00	proximste							
	erval Between set and Deat							
diagon or condition	disease or condition							
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RIGHT LOWER LOBE PNEUMONIA	days							
Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):	2, 44,5							
couse, Enter UNDERLYING CAUSE (Disease pr Injury								
that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST ENTERING LOWER LODE FINE UNION IN OUR TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.								
III DADT II Other elevitions and the second terms of the second te								
DESECRATOR AND ADD	TOPSY FINDINGS E PRIOR TO TON OF CAUSE							
T TES 27 NO OF								
OF DEATH								
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COD DITI MONATE								
CORPULMONALE DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER: 1 OTHER: 1 NO THER: 1 NO THER: 1 NO THER: 1 NO THER: 1 NO THER: 1 NO THER: 1 NO THER: 1 NO THER: 28. DATE OF INJURY AT WORK?								
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CORPULMONALE DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH WXNstural 5 Pending 1 YES 2 NO 28b. DATE OF INJURY (Month, Day, Year) 28b. Time OF NUMBER OF DEATH WXNstural 5 Pending 1 YES 2 NO 28c. INJURY AT WORK? WORK? 1 YES 2 NO 1 YES 2 NO	Def,							
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CORPULMONALE DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	ner as stated.							
CORPULMONALE DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 1 NOTHER:	ner as stated.							
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CORPULMONALE DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	ner as stated.							



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	HEALTH AND	MENTAL HYGIEN				
		1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH 3. TIME OF DEATH				
		Karl Salinger					January	4 199			
		4. SOCIAL SECURITY NUMBER		'In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	(A) A	BIRTNPLACE (State or Foreign Country)		
Pa Pa		061-01-8580 9e. FACILITY NAME (If not institution, give:	1 x M 2 □ F 84	YRS.			10-26-191	0	Germany		
3 should	œ					OR LOCATION OF DI	EATH	9c. COUNTY			
1, 2,	DIRECTOR	Laurel Regional	Hospital		Laurel			Pri	nce George		
sabes	E	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY		
physician. burlal-transit permit. Pages 1, 2,		Maryland Princ	e George	La	urel				1 X YES 2 NO		
JE DE	FUNERAL		**			. ZIP CODE			OF WHAT COUNTRY?		
physician. burlal-tran	NE I	7528 North Arbo	TY WAY 12. WAS DECEDENT EVER IF	U.S. ARMED		20707	NIC ORIGIN? (Specify Ye	USA	RACE — American Indian.		
		1 Never Married 2 X Married	FORCES? 1 X YES	2 NO	If yes, sp	ecify Cuben, Mexica 2XXNO Specif	in, Puerto Rican, etc.)	14.	Black, White, etc.		
attending se as the	D BY	3 Widowed 4 Divorced	1964-1967						White		
_ =		15. DECEDENT'S EDU (Specify only highest grade	completed)	18a, DECEDENT'S (Give kind of s life. Do NOT us	USUAL OCCUPATION Work done during mo	DN ost of working	16b. KIND OF BU	SINESS/INDUST	TRY		
교우	12	Elementary/Secondary (0-12)	College (1-4 or 8+)	Master			IIC	Army			
the hospit detached once.	COMPLETED	17. FATNER'S NAME (First, Middle, Lest)		Habeel	DOI	18. MOTNER'S NA	ME (First, Middle, Malden				
5 8 %	ш	Unknown				Unknow					
5 should notified	10 B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street a	and Number or Rural I	Route Number, City or Tow	rn, State, Zip Coi	de)		
2 8 0	-	Frank Salinger					nt Mitche				
e 6 may ector, pa must b		20a. METNOD OF DISPOSITION 1 Buriel	oval from Stata cem	PLACE AND DATE (ther place)		1 .	CATION — City			
meral director,		21. SIGNATURE OF FUNERAL SERVICE LA	DAMBER .	Saltimore		gton Crei	m. 1/6 Lau	rel, Ma	aryland		
desth.	П	1/ Shoor	# Cook	ζ.	Flee	ck Funera	al Home, I				
n by the removal.	\vdash	23. PART I. Enter the diseases or	complication shall caused	Min death Do r	760.	1 Sandy	Spring Rd.	Laure	el, MD 20707		
filled in ton, or re	i	anock, or naert tanure.	List only one cause on e	sch line	or enter the mo	de or dying, auc	n as cardiec or reap	iratory arrest.	interval Between		
		IMMEDIATE CAUSE (Final disease or condition resulting in death)	_ A'	Les Constant	IM	unca	deal	(u. Mai	Onset and Death		
completely tal, cremati		readiting in death)	DUE TO (OR AS A	CONSEQUENCE OF	7):	7000	acres .	Jane	Cas		
SE PE	NO	Sequentially list conditions,	b					V			
be cian lor to	AT	If any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	7):						
ertificate ing phys rgiene p	FI	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF	7):						
P. F. P.	CERTIFICATION	resulting in death) LAST	d								
의 중 조 등		PART II. Other algorificant condition	na contributing to death be	ut not reaulting i	n the underlying	cause given in	Part I. 24e. WAS AN	ALITOPSV	24b, WERE AUTOPSY FINDINGS		
	ICAL	-le	ha Consia				PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
sign Hea	MEDIC		Paral	Usur	dium		1 YES 2	- Jan	OF DEATH? 1 ☐ YES 2 NO		
has been Dept. of 1	ä	DID TOBACCO USE CONT	RIBUTE TO CAUSE O		NO I	UNCERTAIN	v 🗆				
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT							
certificate to the State	IXSI	1 YES 2 NO	1 Inpetient 2 ER/Outp			e 5 🗆 Residence					
NG PHYSI fer this o eath with marked,		27. MANNER OF DEATN 1 ☑ Natural 8 ☐ Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TIM	URY WO	RK?	28d. DEŞCRIBE NOW I	NJURY OCCUR	ED		
DING After death	ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY	— At home, farm, a		rES 2 NO	281. LOCATION (Street)	and Number or I	Turni Brutta Number		
ATTENDING CTOR: After Safter death	TED	4 Nomicide 6 Could not be determined	building, etc. (Spec	ify)			City or Town, Statu)		war roung rightow,		
8/8	a	29a. CERTIFIER (Check only	CIAN: To the best of my knowl	edge, death occurre	d at the time, date	and place, and due	to the cause(e) and mar	nner as stated.			
FY MERAL			R: On the beale of examination						ruse(a) and manner as stated.		
THE HO filed POR	E C	29b. SIGNATURE AND TITLE OF CENTING	1/1	.1.1	7	20c LICENSE NUN	1BER	29d. DATE SI	GNED (Month, Day Mer)		
5 5 % W	TO B		00 9	W	0	1) 2	4721	▶ //	4/15		
_		30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	ATN (ITEM 27) (Type,	Print)	T C+	1	2	15 2071		
)		31. DATE FILED 1 MONU 7995	MANUAL HILL SIGN	ATURE YOU	, 70	2/	auerof	15 V	10 00 107		
		JAN 1 1995									



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Approximate Interval Between

Onset and Death

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LAND 21215-0020	r attending
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ND 2	hospital
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>	3
TIMORE, MARYL	retained
	2
R	may be n
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Σ	Page
BALT	death.
m	after

completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.

notified at

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must

examiner

Pages 1, 2, 3 should

m	after	y the	THOVA	63
	OURS	f in t	or re	тед
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Er nours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	9	B	2	<u>=</u>
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 9 YEAR Scott offic 1.Ce A.KA. Dorses 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 212-24 -9661 1 M 2 VF DAYS HOURS YRS. 7-20-1912 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Balto 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? Fayette ST. 2537 W. 21223 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES II yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) House Keeper 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle John Daunders nna **BE** 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or 2 Smith Fayette Vancu 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (No 20c. LOCATION - City or Town, State DATE tery, crematory or other place) 4 ☐ Donation 5 ☐ Other (Specify) _ Stav 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons a. 1701 Laurens St. Balto., Md. 23. PART I/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): not identified resulting in death) neumou .ce CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avente reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: NO [25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 26b. TIME OF 28c. INJURY AT WORK? 28e. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 3 Suicide 26a. PLACE OF INJURY — At home, farm, street, factory, office building str. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

South 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE his Devolver Revolute 0 1995

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29b. SIGNATURE AND DELL OF CERTIFIER

30-0

30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,

Street

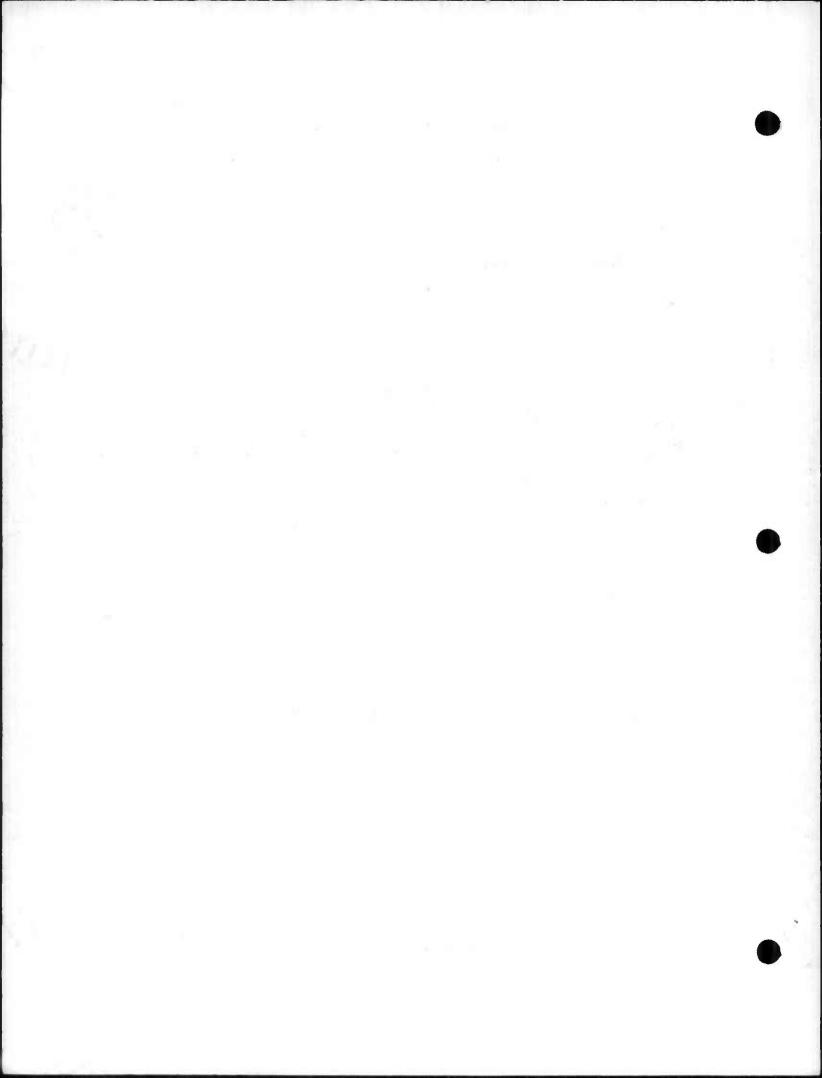
29d. DATE SIGNED (Month, Day, Year)

- Dr Sect Frederic

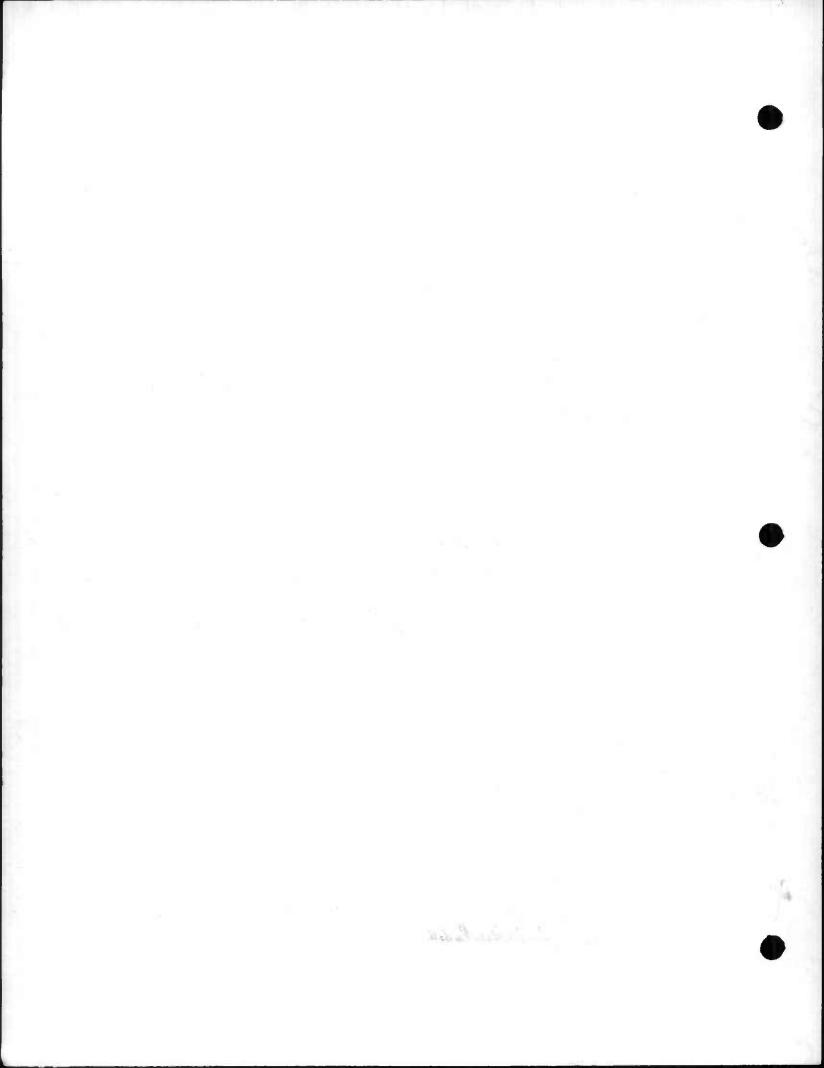
ation end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(a) and manner ea stated

29c. LICENSE NUMBER

Bolt, more,



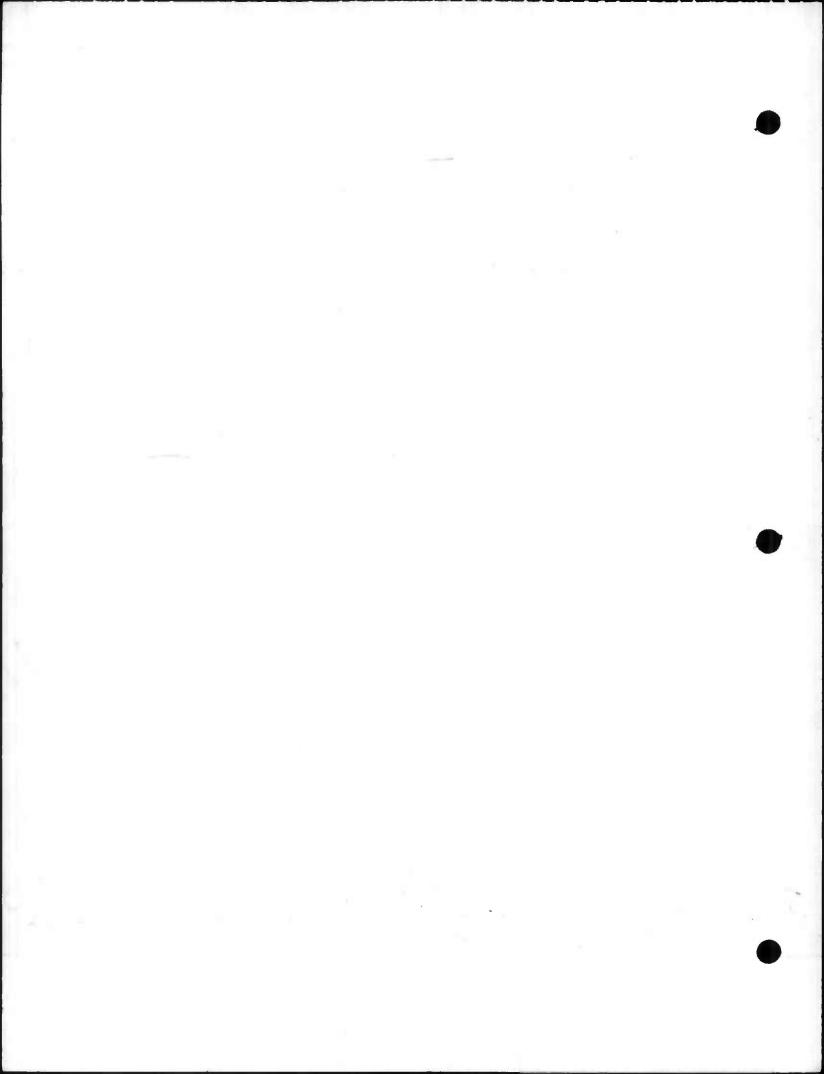
	1 - FOR STATE OF REGISTRAR	MARYLAND / DEPARTMENT OF HEALTH A	AND MENTAL HYGIENE H REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH
	Leona	Cora Schaefer	Jan. 7, 1995 10;55 am
ğ	4. SOCIAL SECURITY NUMBER 5. SEX 1 ☐ M 2 📈 F	85 YRS.	HRS. 7. DATE OF BIFTH (Morth, Day, Year) May 22,1909 Maryland
3 should	9a. FACILITY NAME (If not institution, give street and number)	mmonds 96. CITY, TOWN OR LOCATION	OF DEATH 9c. COUNTY OF DEATH
1. 2.	Meridian Nurs, Home, RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	Lane Brooklyn	
- =	Maryland Anne Arun	del Co. Pasadena, Md	T TES ZY XNO
¥ E	8652 Scorpian	Harbor 211	10g. CITIZEN OF WHAT COUNTRY? 22 United States
the by	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was DECEDE FORCES? IF YES, GIVE		HISPANIC ORIGIN? (Specify Yea or No— Maxican, Puerto Rican, etc.) Specify: White
for use as	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refined.)	166. KIND OF BUSINESS/INDUSTRY OWner
detached to once.	8th.Grade	SelfEmployed	Restaurant, & Tavern
once.	17. FATHER'S NAME (First, Middle, Last)	18. MOTHE	R'S NAME (First, Middle, Melden Surname)
ы			ary Walters
2	190. INFORMANT'S NAME (Type/Print) William H.Hildebrand	19b. MAILING ADDRESS (Street and Number of 1513 Marshall	Rural Route Number, City or Town, State, Zip Code) St.Balto.Md. 21230
1100	20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal Irom State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF DISPOSITION (Name of	DATE 20c. LOCATION — City or Yown, State ens. 11/1195, Howard Co.Md.
and and and and and and and and and and	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS	
L	> Hedward to		Balto.Md. 21225Ave. Funeral Home,237 E.Patapsc
event, the medical	ahock, or heart feliure. Liet only one ca	et caused the death. Do not enter the mode of dying use on each line.	g, such as cardiac or respiratory arrest, Approximata Interval Between Onset and Daat
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	o OF AS A CONSEQUENCE OF:	du Deens 5ys
AL CE	PART II. Other algnificent conditions contributing to	o death but not resulting in the underlying cause giv	en In Part I. 24a. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS
2			PERFORMED? 1 YES 2 NO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	DID TOBACCO USE CONTRIBUTE TO CA	AUSE OF DEATH YES NO UNCER	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (Check only ope)	
PHYS	1 ☐ YES 2 ☐ NO 1 ☐ Inpatient 2 ☐ 27. MANNER OF DEATH 28s. DATE OF	☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Resid	
marked BY PI		FINJURY Day, Year) 28b. TIME OF 18c. INJURY AT WORK? M 1 YES 2 N	28d. DESCRIBE HOW INJURY OCCURED
	3 Suicide 6 Could not be determined	OF INJURY — Al home, farm, street, factory, office, etc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of one) 2 MEDICAL EXAMINER: On the best of of	of my knowledge, death occurred at the time, data and place, are axamination and/or investigation, in my opinion, death occured	at the time, data and place, and due to the cause(a) and manner as stated.
TO BE CON	296. SIGNATURE AND TITLE OF CERTIFIEN	MD 29c, LICENS DO	SE NUMBER 29d. DATE SIGNED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WYO COMPLETED CAU	OF DEATH (ITEM 27) (Type, Print) ANCINS Th. MD- 10	1 W- READ ST. Rule 212
-	JAN 1 0 1995 Jaly Start	AR'S SENATURE	



DIVISION OF VITAL RECORDS, P.O. BOX 68760

-	#6, FOR STATE REGISTRAR	20c,Film		95 kam ND/DEPAR CERTIFI
. 0	ECEDENT'S NAM	NE (First, Middle, Last)	Mamio	Conib

	1 - STATE REGISTRAR	SIMIE UF N		RTIF	ICATE	OF	DEAT	H UNA	ENIAL H	EG. NO.	E		
										3. TIME OF DEATH			
0		Mamie	Sc	crib	er				MONTH 1	7	199		M
	4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 6. AGE (In yrs. last birthday)			R 1 YEAR F UNDER 24 HRS.					8. BIRTN	PLACE (State or Foreign	
	216-16-2057	1 D M 2 V F	□ M 2 √ F 73 74 YRS.		MONTHS	DAYS	HOURS	MIN.		921		Country	" Md
- 3	9a. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D						NTY OF DE		
OR	2412 Chelsea T	erace			В	alto							
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY												
E	Md Md	r			Y, TOWN C	OR LOCATI	ON						10d. INSIDE CITY LIMITS?
2	10e. STREET AND NUMBER			Ва	lto	1							1 X YES 2 NO
RA		T					2121				10g. CITI		HAT COUNTRY?
FUNERAL DIRECTOR	11. MARITAL STATUS	Terrace	IT EVER IN U.S. ARM	50	1 40	_						US	
	1 Never Married 2 Merried	FORCES? 1	YES 2 NO		1 1	it yes, spe	cify Cuber	n, Mexican,	ORIGIN7 (Sp Puerto Rican		or No—	Black	- American Indian, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE W	MAR OR DATES			1 TYES	2 X NO	Specify:			1	Specif	» Black
	15. DECEDENT'S EDU		18e. DEC	EDENT'S	USUAL O	CCUPATIO	N		16b. KINI	OF BUS	SINESS/INC	DUSTRY	
	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5 a	- Ide I	e kind of Do NOT u	work done (se retired.)	during mos	t of workin	9					
릴	8th			ısto	dian								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTN	ER'S NAME	E (First, Middle	, Maiden	Sumeme)		
BE			Frank	<pre>tin</pre>			F-	thel	Watt				
TO B	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	Street en			ute Number, C	ity or Town	n, Stete, Zip	Code)	
۴	Elizabeth CArter			241	2_Ch	else.	a Ter	race	Balt	o. M	ld 21	216	
	20e. METNOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Rem	owel from State	20b. PLACE AN	O DATE	OF DISPOS				OATE	20c. LO	CATION -	City or Tov	
	4 Donation 5 Other (Specify)		cemetery, crem	ison	For	est '	Vet		1/12/	95 OW	WINGS	Mil'	ls, Md
	21. SIGNATURE OF PUMERAL SERVICE LIC	CENSEE	/		22.			S OF FACIL					
	(Tala	Mari	. /.					H We	st h Aver		D-14-	MJ C	1015
	23. PART I. Enter the diseases, or o	complications the	t caused the dea	th. Do i	not enter	the mod	ia of dyi	ng, auch	aa cardiac	or reapi	ratory an	reat,	Approximate
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Oneat and Daeth												
	disease or condition Review of the condition Review of									2 2			
	resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF												
z		HILL	D9850	47	1 No	001	M	2					(O MO
음	Sequentially list conditions, if any, leading to immediate	DUE TO	IGH AS A CONSEQU	инсе д	Q:			-				-	
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c								_			
F	that initiated events resulting in death) LAST	OUE TO	(OR AS A CONSEQU	JENCE O	F):								
CERTIFICATION	Totaling in doubly Exist	d											
	PART II. Other algnificant condition	a contributing to	death but not re	aulting	in the un	derlying	cause g	Iven in Pa	art I. 24s.		AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL									1.5	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									- ''	J 169 2	□ NO		OF DEATN?
≥	DID TOBACCO USE CONTI	RIBUTE TO CA	USE OF DEAT	н үг	S 🗆 1	VO K	LINC	ERTAIN	_ [1 TYES 2 NO
¥.	25. WAS CASE REFERRED TO MEDICAL	The state of the s	28. PLACE				0140	LKIZIII					
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER 4 Num	R: sing Home	5 Re	aldence &	Other (Soil	nc/fu)			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	E OF	28c. INJU	IRY AT		28d. DESCRIB		NJURY OC	CURED	
ВУ Р	1 Netural 5 Pending Investigation	(Month, D	ay, Year)	IN.	IURY M	1 Y	RK7 ES 2	NO					
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At hom	e, ferm,	street, fact	ory, office		2	28f. LOCATION	(Street	and Number	or Rural A	oute Number,
4 Nomicide determined building, etc. (Specify) City or Town, State)													
N N	(Check only one) 2 MEOICAL EXAMINE												and menner as stated.
	296_SIGNATURE AND TITLE OF CERTIFIES					T		NSE NUMB			_	E SIGNED	
8	(horskie	- \	DURG	0	ULN	a	77-	327	26-	3	> \	Ta	195
2	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (ITEM	20 None	200	7	V	100	-0		, and a	1	
	C LAMPI	NG	10 1	b	1	2	10	20	54		21	27	13
ı	21. OF RESTRICT TO THE	22 REGISTRA	R'S SIGNATURE			1	1						

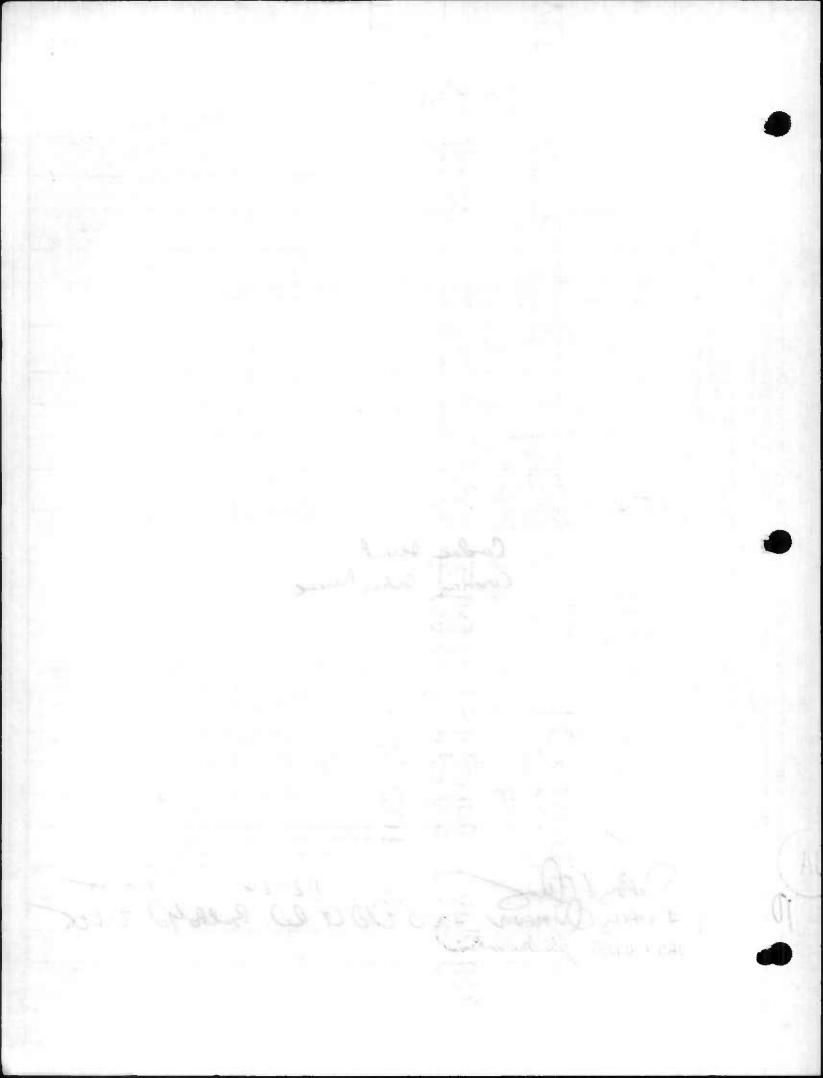


TO BE COMPLETED BY FUNERAL DIRECTOR

NOING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	R. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should	i filed within 72 hours after death with the State Lept. Or relating and Mental hygiene prior to build, centilation, in entitied. APORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: Th		be filed within 72 hours after death with the State IMPORTANT: If Item 28 is marked, or item

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM				HYGIENE REG. NO.			
1. OECEDENT'S NAME (First, Middle, Thomas	Lest)	siemek					1995	3. TIME OF DEATH 9:30 A.	
4. SOCIAL SECURITY NUMBER 213-26-0581 90. FACILITY NAME (If not institution,	1 XXM 2 □ F	XXM 2 F 81 YRS. MONTHS DAYS HOURS			7, DATE OF (Month, I NOV • 2	Country	HATTHPLACE (State or Foreign ourtry) Saryland		
5408 Biddison			Baltim						
Maryland 106. co	DUNTY	10c. CITY, TO Balti	wn or Location	N				10d. INSIDE CITY LIMITS? 1 YES 2 NO N OF WHAT COUNTRY?	
100. STREET AND NUMBER 5408 Biddison	Avenue			21206			TIZEN OF W		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE'S IF YES, GIVE WAR OR	3 2 X NO	IN U.S. ARMED 13. WAS DECENDENT 17. WAS DECENDENT 18. WAS DECENDENT 19. WAS DECENDENT 19. WAS DECENDENT				Black	14. RACE — American Indian, Black, Whita, atc. Specify: White	
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		16a. OECEOENT'S USUI (Give kind of work of life. Do NOT use reli	done during most	of working		INO OF BUSINESS/IN			
12 17. FATHER'S NAME (First, Middle, Last		Merchant			ME (First, Mic	etail Foo			
Joseph 199. INFORMANT'S NAME (Type/Print) Frances R. Sie		19b. MAILING ADD			Route Number	Yur City or Town, State, 2 Ore, Mary	Zip Code)	21206	
20e, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 C	Removal from State	ob. PLACE ANO DATE OF of cemetary, crematory or of St. Stanisla	OISPOSITION (i	Name	OATE	20c. LOCATION - Baltimo	- City or To	wn, Stata	
21. SIGNATURE OF FUNERAL SERVI		Ter .	David	J. Webe	r Fun	eral Home Baltimo			
23. PART I. Enter the diseases shock, or heart fail IMMEDIATE CAUSE (Finel disease or condition resulting in death)	, or complications that caus lure. List only one cause on Card	ed the death. Do not e each fine. Pac Fre	I mod	a of dying, suc	ch ee cerdia	ac or respiratory s	rrest,	Approximate Interval Betwee Onset end Dea	
Sequantially list conditione, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	y Su	ene					
PART II. Other aignificant con	ditions contributing to death	but not resulting in th	ne underlying	cause given in		24e. WAS AN AUTOPS PERFORMED? 1 PES 2 NO	Y 24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O		THER:	CE OF OEATH (C)					
27. MANNER OF OEATN 1 Netural 8 Pending 2 Accident Investig		Y 28b. TIME OF INJURY	WOR	RY AT IK? ES 2 NO	28d. DESC	RIBE HOW INJURY O	CCUREO		
3 Suicide 8 Could n 4 Nomicide detarmin	ot be building, etc. (S)	RY — At home, farm, street secify)	t, factory, office			TION (Street and Numb Town, State)	er or Rural F	Route Number,	
and only	PNYSICIAN: To the best of my kn							a) and manner as stated.	
290. EIGNATURE AND STILE OF CET		al.c		29c LICENSE NU	IMBER 2 6	29d. D.	ATE SIGNED	(Month, Day, Year)	
JEHRE	MACINAL COMPLETED CAUSE OF	FOOD STORES	10 G	- 20	. 3	las 4	2	izot	
31. DATE FILED (Month, Day, Year)	Julia Daudson Ka	SNATURE				70			



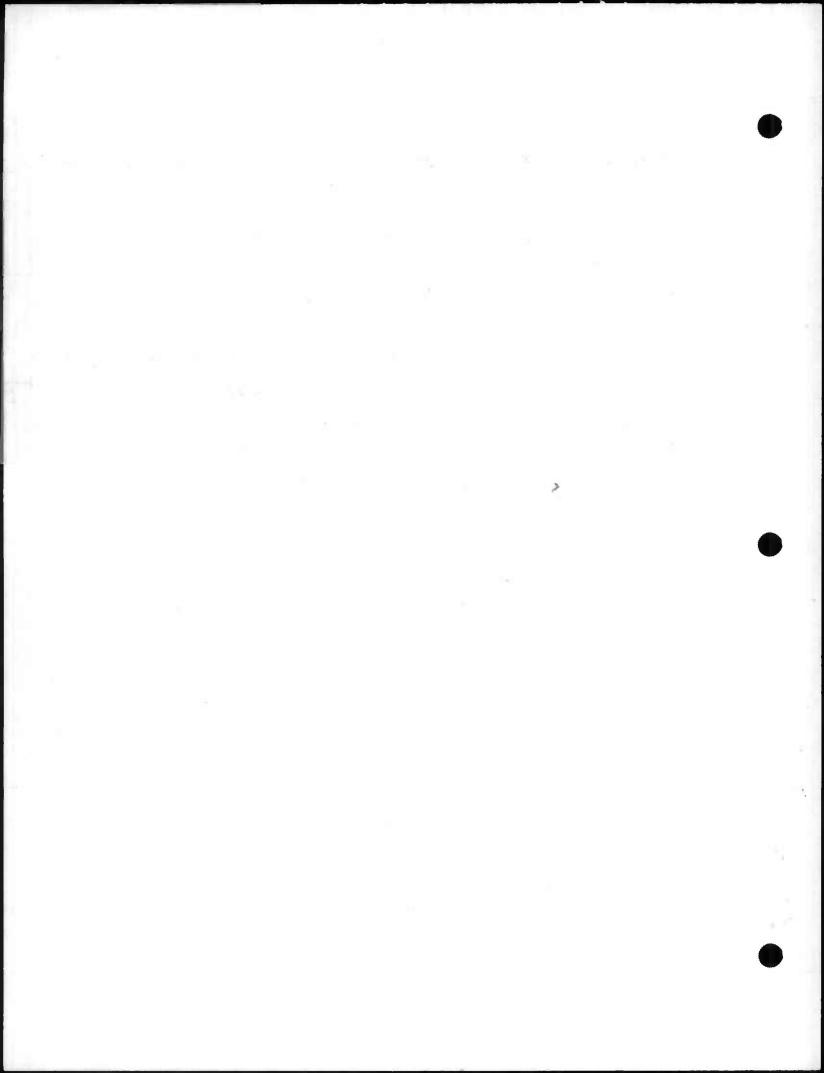
TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed withing flow sher death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

	REGISTRAN		CERTIF	ICALE	OF DI	EAIN	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) RUFUS	-	SCOT	ı Tr			2. DATE OF MONTH	DEATH DAY	YEAF	3. TH	ME OF DEATH	
							JAN. 07 95 1220P					
	notes a la	SEX 6.	AGE (In yrs. lest birthday)	IF UNDER 1		UNDER 24 HRS.	7. DATE OF (Month, De		8. BIF	THPLACE	(State or Foreign	
	9a. FACILITY NAME (If not institution, give street	73 1	AL CITY Y	b. CITY, TOWN OR LOCATION OF DEATH Be. COUN					3.27H	CAROLIUR		
Œ	2600 ASQUITH ST					ORE C			9c. COUNTY OF	DEATH		
6	RESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCATION		, ,			10d.	NSIDE CITY	
	MARYCARD			DALT	PHOR	CE, MA	ARY has	AND			YES 2 NO	
FUNERAL	10e. STREET AND NUMBER	1100			101. ZIP	CODE	~	2	10g. CITIZEN O		OUNTRY?	
Ä	2600 Maguir	H 3/8	227			21218			4.5.	A.		
F	11. MARITAL STATUS 12.	FORCES? 1	YES 2 NO	13. W	S DECENDI	ENT OF HISPAI Cuban, Maxica	NIC ORIGIN? (S	pecify Yea or	r No- 14. R/	CE An	erican Indian,	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			NO Specif			Sp	ecity:	nor	
a B	15. DECEDENT'S EDUCATION	ON	18a. DECEDENT'S	USUAL OCC	UPATION		16b. KIR	ID OF BUSIN	IESS/INDUSTRY	W.E.	mex	
Ħ.	(Specify only highest grade comp	pleted) ollege (1-4 or 5+)	(Give kind of silfe. Do NOT us	se retired.)			0					
MPI			MA	MAINTANCE				GENERAL REFRACTOR				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	7			18.	MOTHER'S NA	ME (First, Midd	le, Malden Su	mame)			
B		COTT				1385	SIE	Wi	LKIN	5		
6	19a. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (Street and No	umber or Rural	Route Number, (City or Town,	State, Zip Code)	-	21214	
	JOYCE B. LONG		3101	YNC	MALE	HVE	DUC	BALI	THORE	14	sky/mes)	
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal	from State	20b. PLACE AND DATE (cemetery, cremetory or o	OF DISPOSITI	ON (Name of	1	DATE	20c. LOCA	TION - City or	Town, St	ta /	
	4 Donation 5 Other (Specify)		cemetery, cremetory pro		IL CE	HELTERY	1/13	DAL	TIHORE	HA	RYLAND	
- 1	- To willow	//		22. NA	ME AND AL	DORESS OF A	BROM	en C	POMME	INT	V F/H	
	1//	House	6		1200	6 W.	NORTH	Ack	NUF			
	23. PART I. Enter the diseases, or companion, or haart fallure. List	plications that ca	used the deeth. Do r	ot anter th	ne moda o	of dying, suc	h aa cardlac	or respirat	tory arrest,		Approximate	
- 1	IMMEDIATE CAUSE (Finel											
	disease or condition resulting in death)		thero scle	votic	Cou	rdin	ascula	r D.	Seast			
	DUE TO (OR AS A CONSEQUENCE OF):											
ON	Sequentially list conditions, Due to (or as a consequence of):											
AF	If any, laading to immediate cause. Enter UNDERLYING									- 1		
CERTIFICATION	CAUSE (Disease or Injury that Initieted events DUE TO (OR AS A CONSEQUENCE OF):											
F	resulting in death) LAST									1	1	
- 11	DAST II Other similiant andition as											
EDICAL	PART II. Other algnificant conditions co		th but not resulting i	n the unda	rlying cau	use given in	Part I. 24	PERFORME			AUTOPSY FINDINGS BLE PRIOR TO	
ă	Colon Lance	CM						YES 2		OF DE	ETION OF CAUSE	
Σ	Arthritis						- 6	antio	el	181	ES 2 NO	
AN	DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL	JIE IO CAUS	26. PLACE OF DEAT			INCERTAIN	101					
PHYSICIAN:	EXAMINER? HO	SPITAL:	T	OTHER.		V						
¥	27. MANNER OF DEATH	28a. DATE OF INJU	Outpatient 3 DOA		g Home 5	Residence						
	1 Natural 5 Pending	(Month, Day, Ye		URY	WORK?	2 NO	280. DESCHII	SE HOW INJU	JRY OCCURED			
B	2 Accident Investigation 3 Suicide 8 Could not be	IURY — At home, term, s				281. LOCATIO	N (Street and	Number or Rura	l Boude No	mher		
Ë I	4 Homicide detarmined	building, atc.	(Specify)				City or To	wn, State)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
۳	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	To the heat of my li	mowledge death conver	d at the time	deta and	aldis libra A.	4-44	economic d	-0.00			
Solution to be detarmined 1 Certifying Physician: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as state one) 2 Medical Examiner: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as state one)									r as ataled.	v/a) and m	anner on eleted	
	29b. SIGNATURE AND TITLE OF CERTIFIER	1 1			_							
出	14	1100	4			O.C.M		2	9d. DATE SIGNE			
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF	F DEATH (ITEM 27) (Type.	Print)					JAN.			
			lll Penn	Stre	et,	Balti	more,	Mar	yland	212	201	
	31. DATE FILED (Morith, Day, Year)	32 REGISTRAR'S	GNATURE					-				
	AWK CEELU - NAL	" IN INDIAME.	WY TALL								I	



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)		0211111	TOATE	DEATH	2. DA	TE OF DEATH		3. TIME OF DEATH	
	Robert W.	Seaman, Sr.				MO	nuary 8		EAR	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE						1 8.	BIRTHPLACE (State or Formion	
	213-09-5932	1 X M 2 🗆 F	80 YRS.	MONTHS DAY	S HOURS MIN.	O.	3 09	14 M	ARYLAND	
	Se. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOV	N OR LOCATION OF D	EATH		9c. COUNTY	OF DEATH	
DIRECTOR	North Arundel Hospital Association Glen Burnie Anne Arun									
DIRE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION PASADENA								10d. INSIDE CITY LIMITS? t yes 2 No	
AL	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	156 MARYLAND AV	JENUE			21122			U.	S.A.	
5		12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIG	SIN? (Specify Yes	or No- 14.	RACE — American Indian,	
ВУ	1 Never Married XX Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			specify Cuben, Mexico (ES 2 X NO Specif		o Rican, etc.)		Black, White, etc. Specify: WHITE	
ED E	15. DECEDENT'S EDUCA		44. 00000000000000000000000000000000000							
	(Specify only highest grade of	ompleted)	16a, DECEDENT'S (Give kind of life, Do NOT u	work done during	MOST of working	1	66. KIND OF BUS	INESS/INDUST	TRY	
P.	12	College (1-4 or 5 +)		E SETT	ER		BU	ILDIN	G	
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (Firs	t, Middle, Malden	Sumame)		
BE C	JOHN D. SEAM	AN					SCHUDE			
0 8	19a. INFORMANT'S NAME (Type/Print)				et and Number or Rural					
F	MARY H. SEAMAN				ND AVEN	UE-				
	26a. METHOD OF DISPOSITION 1 ST Burial 2 Cremation 3 Remove 4 Donation 5 Dispersion		PLACE AND DATE			1/			or Town, State TLLE, MD.	
	21. SIGNATURE OF FUNERAL SERVICE LICE		N X TAMD		AND ADDRESS OF FA		TO CK	V CMINO.	TIME, PID.	
	· //a	1. Kou	man				K EUNE	RAL_H	OME 21061 RNIE, MD.	
\vdash	22 PART LEVEL TO THE		U							
	23. PART I. Enter the diseases, or co shock, or heart failure. Li	ist only one cause on a	ich line.	not enter the	mode of dying, suc	ch as ca	irdlec or respi	ratory arrest,	Approximata Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	Chican	20						Onset and Death	
	resulting in death) a.	BUE TO (OR AS A CONSEQUENCE OF):						bnoshe		
z	Resource tailore								Sweeds	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):						
길	CAUSE (Disease or injury c.	DHE TO (OR AS A	CONSEQUENCE O							
Ē	that initiated events resulting in death) LAST	DOE TO (OH AS A	CONSEQUENCE O	r):						
	d.									
AL	PART II. Other algnificent conditions				ing ceuse given in	Part I.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMPLABLE PRIOR TO	
o		hetre	Muc	no 1	Medre		1 TYES 2	C>+10	COMPLETION OF CAUSE OF DEATH?	
M	Tupecco Base								1 TES 2 NO	
A	DID TOBACCO USE CONTRI					ИП				
S	EXAMINER?	HOSPITAL	26. PLACE OF DEA	OTHER:						
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM		ome 5 Residence			111mv 0001m		
	1 Natural 5 Pending	(Month, Day, Ybar)	INJ	URY	WORK?	280. U	EŞCRIBE HOW IN	JURY OCCURE	ED .	
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY	— At home, farm,			281. LC	CATION (Street a	nd Number or R	lural Route Number,	
COMPLETED	4 Homicide determined	building, etc. (Speci	fy)			Ci	ly or Town, State)			
PLE	29a. CERTIFIER 1 CERTUPYING PHYSICI	AN: To the best of my knowle	edge, death occurr	ed at the time, o	ate and place, and due	to the c	ause(s) and man	per as stated.		
MO									use(s) and menner as stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LIÇENSE NUI	MBER		29d. DATE SIC	GNED (Month, Day, Year)	
TO 8	Milander		Roce		1011	()	53	> /	19195	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA		5		~				
	31. DATE FILED (Month, Day, Year)	Las projevanas con	صگ	راعر	, serve	10	2710	01		
	JAN 1 0 1995	Per REGISTRAR'S SIGNA	Carla !!							
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. From: Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumafile ment the market.

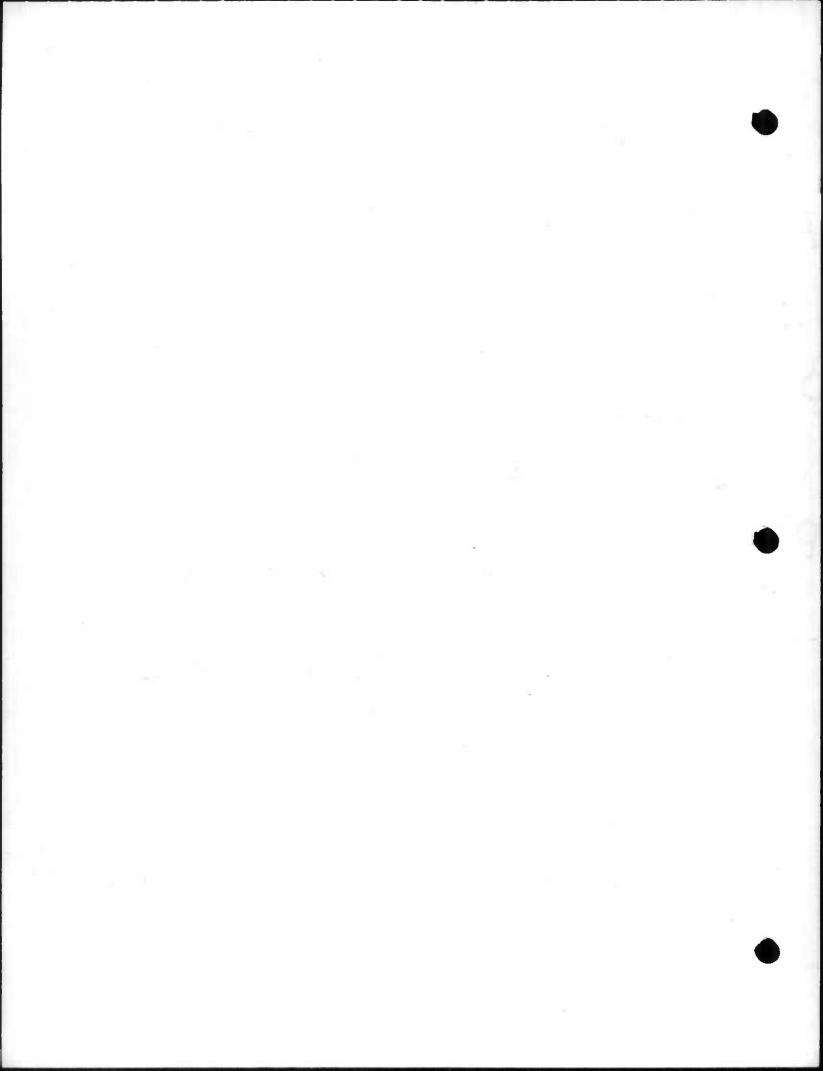
	Item#19a Per F	.H. Film#	G-719	01/10/	95 R.M.		95 00404		
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF	HEALTH AND DEATH	MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH (N		SCHOLT	Z	2. DATE OF DEATH MONTH DA JANUARY 06				
	106 22 0214	5. SEX 8. AGE	(In yrs. lest birthday) YRS.	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 09-29-1913	8. BIRTHPLACE (State or Foreign		
_	9a. FACILITY NAME (If not institution, give stre	,		9b. CITY, TOWN	OR LOCATION OF I	DEATH	9c. COUNTY OF DEATH		
CTO	CHESAPEAKE MANOR N	URSING HOME		ARN	OLD		ANNE ARUNDEL		
DIRECTOR	MARYLAND AN	NE ARUNDE		PASADI		11/1	10d. INSIDE CITY LIMITS2. 1 YES 2 1 NO		
FUNERAL	100. STREET AND NUMBER 7807 CATHERINE A	VENUE		1	OI. ZIP CODE 21122		10g. CITIZEN OF WHAT COUNTRY?		
₽	11. MARITAL STATUS 1 Never Married 2 Married XXWidowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 X NO Spec	ANIC ORIGIN? (Specify Years, Puerto Rican, etc.)			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	16e. DECEDENT'S (Give kind of life. Do NOT u.) HOMEMA	USUAL OCCUPAT work done during in se retired.)	ION post of working		SINESS/INDUSTRY J HOME		
5 114	17. FATHER'S NAME (First, Middle, Last) MATTHEW	DOHMEN	1		18. MOTHER'S N	AME (First, Middle, Malden BETH	Surname) DERIKARTT		
TO BE	190. INFORMANT'S NAME (Type RITH RY ELIZABETH The Information of Paral Route Number, City or Town, Stets, Zip Code) 190. MAITHEW GOONAN TOWN, Stets, Zip Code) 7807 CATHERINE AVENUE, PASADENA, MD. 21122								
100	20a. METHOD OF DISPOSITION 1								
axariino.	21. BIGNATURE OF FUNERAL SERVICE LICE	MEER		SING		NERAL HOME	EN BURNIE, MD 21061		
is, and mountain	23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory arrest, about or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consciousness of condition and the condition resulting in death) Due to (or as a consciousness of condition and the conditio								
	Therrow Musicardal (refereber								
ERTIFICATION	th any, leading to immediate cause. Enter UNDERLYING								
	CAUSE (Disease or injury that initiated events resulting in death) LAST								
MEDICAL C	PART II. Other algnificent conditions	contributing to death to	out not resulting	In the underlyle	ng ceuse given in	Part I. 24a. WAS AN PERFOR	MED? AMILABLE PRIOR TO COMPLETION OF CAUSE		
. ME	DID TOBACCO USE CONTRI	RUITE TO CAUSE O	OF DEATH VI	S [] NO [UNCERTA	IN IT	1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA	TH (Check only one					
IYSI		HOSPITAL:				8 Other (Specify)			
BY PF	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIM	URY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCURED		
9	3 Suicide 6 Could not be determined	26a. PLACE OF INJURY building, etc. (Spe-	/ — At home, farm, : city)	street, tactory, offi	ca	28t. LOCATION (Street a City or Town, State)	and Number or Rural Route Number,		
COMPLET		AN: To the best of my know On the basis of exemination					ner as stated. d due to the cause(s) and menner as stated.		
E w	294 SIGNATURE AND TITLE OF CERTIFIER	Λ -	*	0 - 0 -	29c. LICENSE NU		29d. DATE SIGNED (Month, Day, Year)		
Dalla DANUA									

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1600 SOUTH CRAIN HIGHWAY, GLEN BURNIE, MD 21061 DR. CHACKUMKAL V. CYRIAC

31. DATE FILED (Month, Day, Year)

JAN 1 0 1995 32. REGISTRAR'S SIGNATURE
Julya Duwlson-Randall

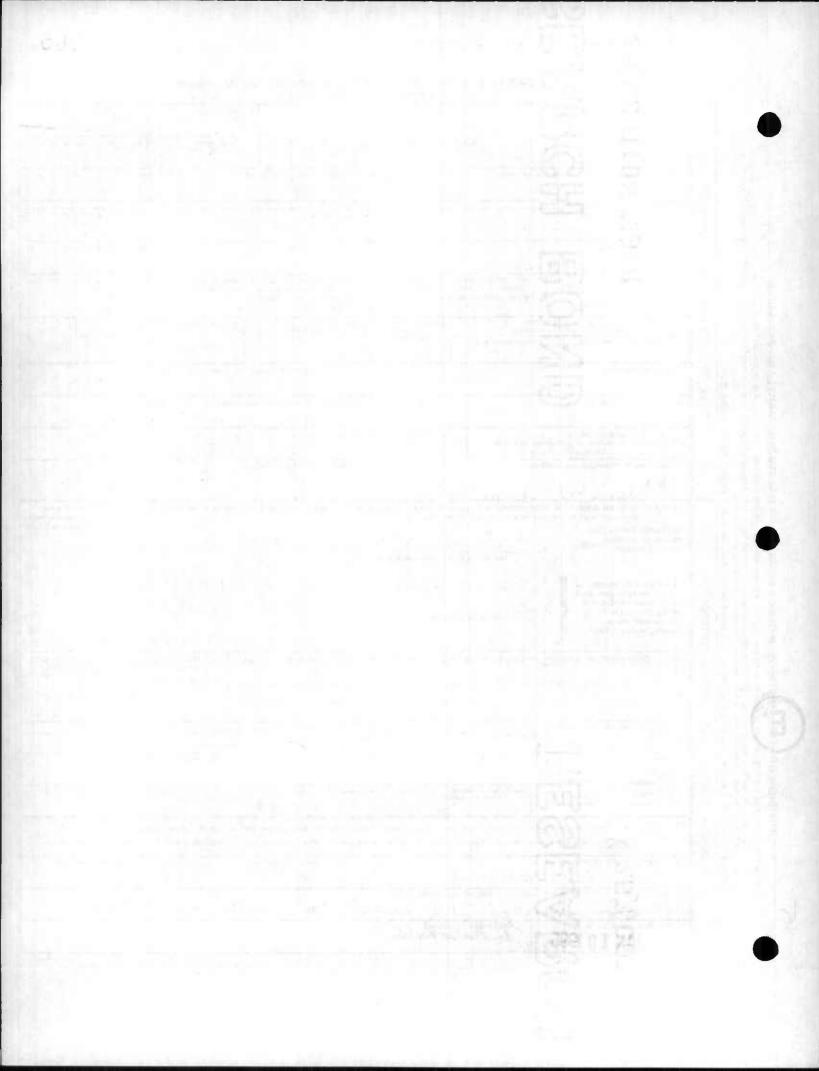


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P. P. D. BOX 00/00	the secur	attending process and completely filled in by the function of the part to burial, cremation, or removal.	ry, or other traumatic event, the medical examiner must be notified at once.
0	ertificati	ng phy giere p	other
	p speed	attend other Hy	17. 01

TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL ORECTOR: After this centric be fined within 72 hours after death with the S IMPORTANT. If Hem 28 is marked, or I

DIVISION OF

FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTAL HYGIE		
1. DECEDENT'S NAME (First, Middle, Genevieve C					2. DATE OF DEATH MONTH	DAY YEA	3. TIME OF DEATHOM
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Foreign		
212-07-9053	1 □ M 2 💢 F 7	5 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	APr. 8,	1919 1	Maryland
9a. FACILITY NAME (If not institution				OR LOCATION OF	DEATH	9c. COUNTY C	OF DEATH
7230 Conley	NT		Eastr			Ba1t	imore
	altimore		stpoir				10d. INSIDE CITY LIMITS? 1 YES 2 INO
				10f. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
10e. STREET AND NUMBER 7230 Conley 11. MARITAL STATUS 1 Never Married 2 Married	Street			21224		U.S.	λ
3√XWidowed 4 □ Divorced	12. WAS DECEDENT EVER	2 TNO	If yes,	ECENDENT OF HISP	ANIC ORIGIN? (Specify Worth, Puerto Rican, etc.)	98 or No — 14. R	RACE — American Indian, Black, White, atc. Specify:
15. DECEDENT (Specify only highes Elementary/Secondary (0-12)		life. Do NOT us	work done during	most of working	7.00	usiness/industr	
Elementary/Secondary (0-12) 1 2 Y Y S 17. FATHER'S NAME (First, Middle, Le		HOI	nemake				
17. FATHER'S NAME (First, Middle, La					AME (First, Middle, Melde	n Surname)	
Stanley Ku					Ratas		
19a. INFORMANT'S NAME (Type/Prin		The state of the s			Ave., Ba		
20a, METHOD OF DISPOSITION 1 D Burlal 2 Cremation 3	Removal from State COI	b. PLACE AND DATE		Name of	DATE 20c. L	OCATION — City o	or Town, State
4 Donation 8 Other (Specif) 21. SIGNATURE OF FUNERAL SERV		rdens	THE PERSON NAMED IN	th Comt			imore, Md.
▶ € \	Edison I		ns Mor	an-Asht	on Funer	al Hom	e, 21224 e, Inc.
Garage 4	a, or complications that couse	000083	300	U E.Bal	timore S	t. Bal	timore.Md
immediate Cause (Finel disease or condition resulting in death)	a. A cute m	each line.	ral he	mon has		,	Approximata Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a	A CONSEQUENCE O					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d.	A CONSEQUENCE OF	F):				
PART II. Other aignificant con	ditions contributing to death i	but not resulting	In the underly	ing cause given i			24b. WERE AUTOPSY FINDINGS
					1 YES	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI	CAL		26.	PLACE OF DEATH (C	Check only one)		
EXAMINER?	HOSPITAL:	netient 3 DOA	OTHER:		6 Other (Specify)		
25. WAS CASE REFERRED TO MEDI- EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Ketural 8 Pending 2 Accident investig	28a. DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF 28c.	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D
3 Suicide 8 Could r 4 Homicide detarmi		Y — At home, term,	street, factory, of	fice	281. LOCATION (Street City or Town, State		rrel Route Number,
	PHYSICIAN: To the best of my know AMINER: On the besis of examinate						rse(a) and manner as stated.
J. CROSSAN OY	a, haused			29c. LICENSE N	JMBER 3 2	29d. DATE SIO	NED (Month, Day, Year) 5 -95
30. NAME AND ADDRESS OF PERSON	HONOUTH 1 21	1	rdalk	the.	Balto M	d. 212	-22
31. DATE FILED (Month, Day, Year) JAN 1 0 19	95 July d'Austi	Hardell .					



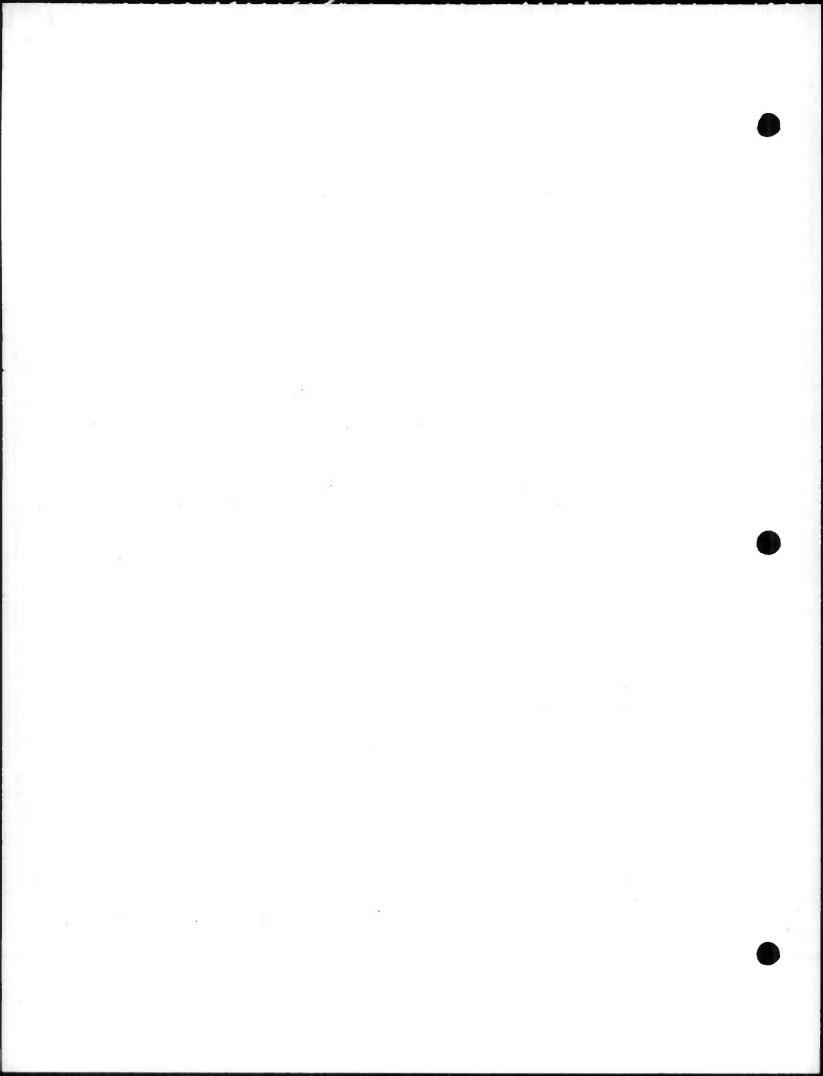
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INFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should us after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. OH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPI TO THE FINES TO BOOK SE

im 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

	REGISTRAR CERTIFICATE OF D	DEATH	REG. NO.									
	1. DECEOENT'S NAME (First, Middle, Last)	2. D	ATE OF DEATH	YEAR	3. TIME OF DEATH							
	LOUIS FRED SMITH	JĀ		1995	1:20P M							
		IF UNDER 24 HRS. 7. DA	TE OF BIRTH	8. BIRTH Count	IPLACE (State or Foreign							
	21/-52-7544 1 W M 2 U F 88 YRS.		G. 30°1906	RH	ODE ISLAND							
ОВ		LOCATION OF DEATH YN PK.		OUNTY OF D NE ARL	EATH							
ᇈ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											
- DIRECTOR		ARK			10d. INSIDE CITY LIMITS? 1 YES 2 1 NO							
FUNERAL	HAMMONDS LANE ROBINWOOD RD.	21225	10g. (USA	WHAT COUNTRY?							
B	3 X Widowed 4 Divorced IF YES, GIVE WAR OR DATES	DENT OF HISPANIC ORI fy Cuban, Mexican, Puer NO Specily:	GIN? (Specify Yes or No- lo Ricen, etc.)	Black	- American Indian, white, etc.							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Silve kind of work done during most of	of working	16b. KIND OF BUSINESS	INDUSTRY								
۳	Elementary/Secondary (0-12) College (1-4 or 5 +) iffe. Do NOT use retired.)											
M	10 machinist		U.S. Coa		ırd							
	LOUIS FRED SMITH SR.		st, Middle, Maiden Surnam									
B	100 INFORMANT'S NAME (For Chief)	CATHERINE	WICKE									
2	O I I I I I I I I I I I I I I I I I I I		adena Mary		11122							
	20g, METHOD OF DISPOSITION 20b, PLACE AND DATE OF DISPOSITION (Name)	ol o	ATE 20c. LOCATION									
	1 X Burlal 2 Cremation 3 Famous from State Competery, crematory or other place Glen Haven Cemetery	v 1/9	/95 Glen	Burnie	.MD							
	CTALLY	AOORESS OF FACILITY		- 30								
	Hilary L. Stallings Jv. / 3111 N	Mountain R	AL HOME P., oad Pasadei	na Mar	21122							
	23. PART i. Enter the diseases, or complications that caused the desth. Do not enter the mode ahock, or heart feliure. List only one cause on each line.	of dying, such as c	srdiac or reapiretory	arrest,	Approximate							
	immediate cause (Final disease or condition resulting in death) a. Atheros cleratic Can	Vdinyox	ular D	liea	Interval Batween Onset and Death							
	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):			-								
CAT	If sny, lasding to immediate cause. Enter UNDERLYING				i							
Ĕ	that initiated events DUE TO (OR AS A CONSEQUENCE OF):			CAUSE (Disease or Injury C. Due TO (OR AS A CONSEQUENCE OF)								
E 1	resulting in death) LAST											
ш	d,											
		ausa givan in Part I.	24a. WAS AN AUTOPS	SV 24h	WERF ALTOPRY FINANCE							
		ausa givan in Part I.	PERFORMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE							
		ausa givan in Part I.			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying contributing to death but not resulting in the underlying contributions of the conditions contributing to death but not resulting in the underlying contributions of the conditions contributing to death but not resulting in the underlying contributions of the conditions contributing to death but not resulting in the underlying conditions.		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE							
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	PART II. Other significant conditions contributing to death but not resulting in the underlying of the	UNCERTAIN 5 Residence 8 0	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
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BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the undarlying of the	UNCERTAIN 5 Reeldenca 8 0 7 AT 28d, 1 6 2 NO 28l, L 0 d place, end due to the	PERFORMED? 1 YES 2 AND ther (Specify) DESCRIBE HOW INJURY (OCATION (Street and Num ify or Town, State) cause(a) and manner as a	DCCURED ber or Rural R	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
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DWG

Item1 1-10-95 FilmG719 W.H.Per F/H

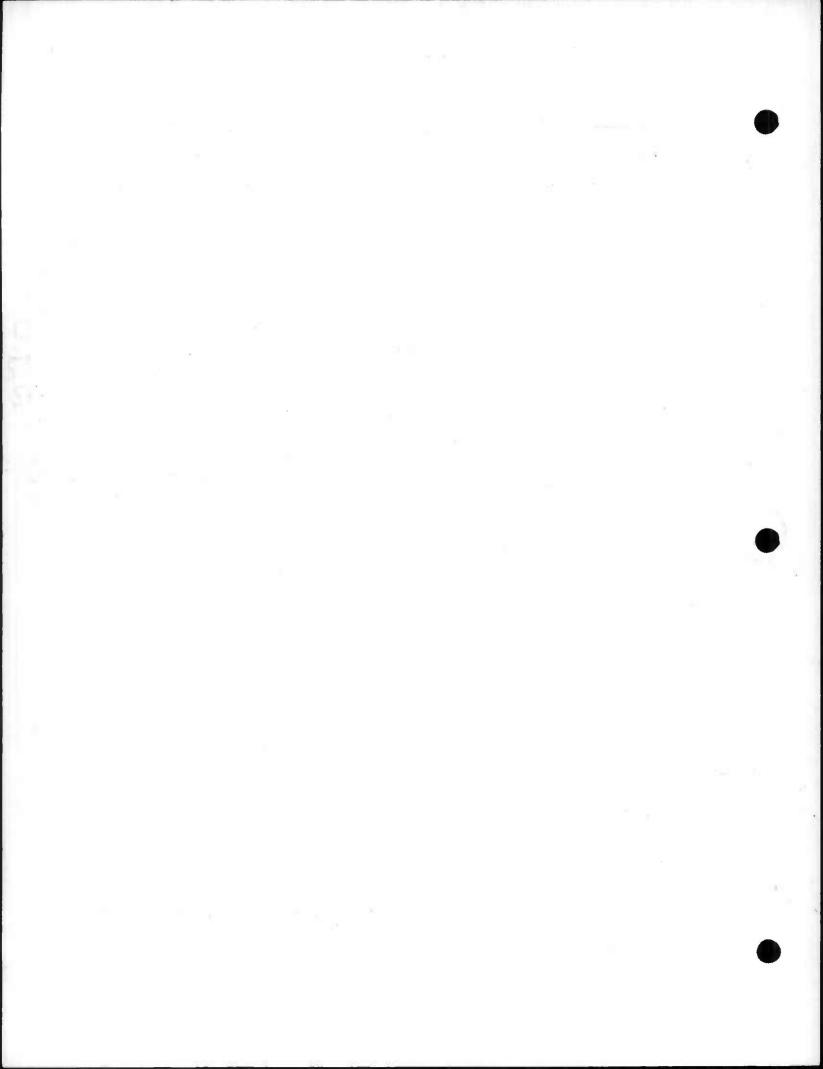
Items: 23 part I, 27 per MEO G-720 2/2/95 reb

	ı	FOR Items: 23 part 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAF	TMENT OF	HEALTH AND	MENTA	L HYGIEN	E			
		DECEDENT'S NAME (First, Middle, Last) T	1 411				2. DATE	OF DEATH		YEAR	3. TIME OF DEATH	
				TEINB	ERG		JA		3	95	1201A	M
2		076-36-5190	× M 2 □ F 49	s. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		(Mont	OF BIRTH h. Day. Year) P. 16,	1945	Country)	LACE (State or Foreign YORK	n
2, 3 shou	OB	99. FACILITY NAME (If not institution, give street NORTHWEST HOSP				N OR LOCATION OF D DALLSTO				TIMO		
92	딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		the CIT	Y, TOWN OR LOC	2471041						
nit. Page	DIRECTOR	MARYLAND BAL	TIMORE		BAL	TIMORE				- 1	IOd. INSIDE CITY LIMITS? I YES 2 X NO	
n. ansit pen	FUNERAL	8313 LACEWOOD LANE				21208			10g. CITIZ	USA	AT COUNTRY?	
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should notified at once.	BY	11. MARITAL STATUS 12 1 Never Married 2 XMarried 3 Wildowed 4 Divorced	WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes,	ECENDENT OF HISPA apacity Cuben, Mexic ES 2 XNO Speci	an, Puerto I	f? (Specify Yes Rican, atc.)	or No-	14. RACE - Black, Specify:	American Indien, White, etc.	
21219 all or attentor use as	COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)	DN 16a pleted) 16a pleted (1-4 or 5 +)	(Give kind of life. Do NOT us	USUAL OCCUPA work done during a se retired.)	ITION most of working	16b	. KIND OF BUS	BINESS/INDU	JSTRY		
N hospi	MP		2 I	ELECTR	ICAL EN			DEFE				
	BE CO	17. FATHER'S NAME (First, Middle, Last) BENJAMIN	STEINBE	ERG		16. MOTHER'S NA	USSIE		Sumame)	BLC	CH	
	6	190. INFORMANT'S NAME (Type/Print) MRS. LOIS STEINBERG		19b. MAILING 8313	ADDRESS (Street	ot and Number or Rural	Route Numi BALT	ber, City or Town	MD 2.	^{Code)} 1208		
BALTIMORE, I er death. Page 6 may be the funeral director, page 1941.		20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Bernoval 4 Donation 5 Other (Specify)	from State cometer)	y, cremetory or o	OF DISPOSITION (DAT		CATION — C	•	n, Stata	
Page 6		21. SIGNATURE OF FUNERAL SERVICE LICENS		ETH EL	22. NAME	AND ADDRESS OF EA	ICH ITY	STWOOD				
		· Ellensue	SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMOR					MORE	MD 2121	5		
B Copy find poly the comment, the medical		23. PART I. Enter the diseases, or com shock, or heart feilure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one cause on each	IAC ARRI	HYTHMIA	node of dying, suc	ch ss cerc	ilac or raspi	ratory arre	est,	Approximate Interval Betwo Onset and De	een
P.O. BOX 687(ath cardifican be executed therefore physician and contact in hypere prior its burial.	CERTIFICATION	Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A COM									
RECORDS, Prequires that the death been signed by the attern of Health and Mental shows any Injury, or	MEDICAL C	PART II. Other significent conditions co	ontributing to deeth but n	ot resulting	in the underly	ing cause given in	Part i.	24a. WAS AN PERFOR	MED?	6	/ERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
_ > 0	2	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF D	EATH YE	S NO	UNCERTAL	\square			'	M TES 2 NO	
	× I	25. WAS CASE REFERRED TO MEDICAL	26. F	PLACE OF DEAT	TH (Check only on							_
E VITA SICIAN: The certificate h the State i, or item	SIC	EXAMINER?	OSPITAL: ER/Outpatier	nt 3 □ DOA	OTHER: 4 Nursing Ho	ome 5 - Rasidence	6 Othe	r (Specify)				
O SH SH SP	BY PHYSICIAN:	27. MANNER OF DEATH 1 KNetural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY V	NJURY AT WORK? YES 2 NO	28d. OES	CRIBE HOW IP	JURY OCC	UREO		_
SIC TENDI TENDI OR: A fiter d		3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY — A building, etc. (Specify)	At home, ferm, s	street, fectory, of	fice		ATION (Street a or Town, State)	nd Number o	or Rural Rou	rte Number,	_
로 로 로 프	COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN (Check only one) Y X (CHECK ONL) (C	: To the best of my knowledge	, death occum	ed at the time, de	ste and place, and due	to the cau	se(s) and men	ner as state	d.		
HOSPITAL FUNERAL WITHIN 72 MANT: II	8	MEDICAL EXAMINER: O	n the besis of axamination and	S/or Investigatio	n, in my opinion,	, death occured at the	time, data	and place, and	due to the	cause(s) s	nd manner as stated	1.
TO THE HOSPI TO THE FUNER Be filed within	닒	296. Pronature and title of certifier Conald LW	light MD			O.C.N				SIGNED (A	fonth, Day, Year) 03/95	
	2	38. NAME AND ADDRESS OF PERSON WHO CO		(ITEM 27) (Type,	Print)							
'		DONALD G. WRIGHT	MD 111	Penn	Stree	t, Balt:	imor	e, Ma	ryla	nd 2	1201	

32. REGISTRAR'S SIGNATURE Julia Stevilean Redall

BALTIMORE, MARYLAND 21215-0020

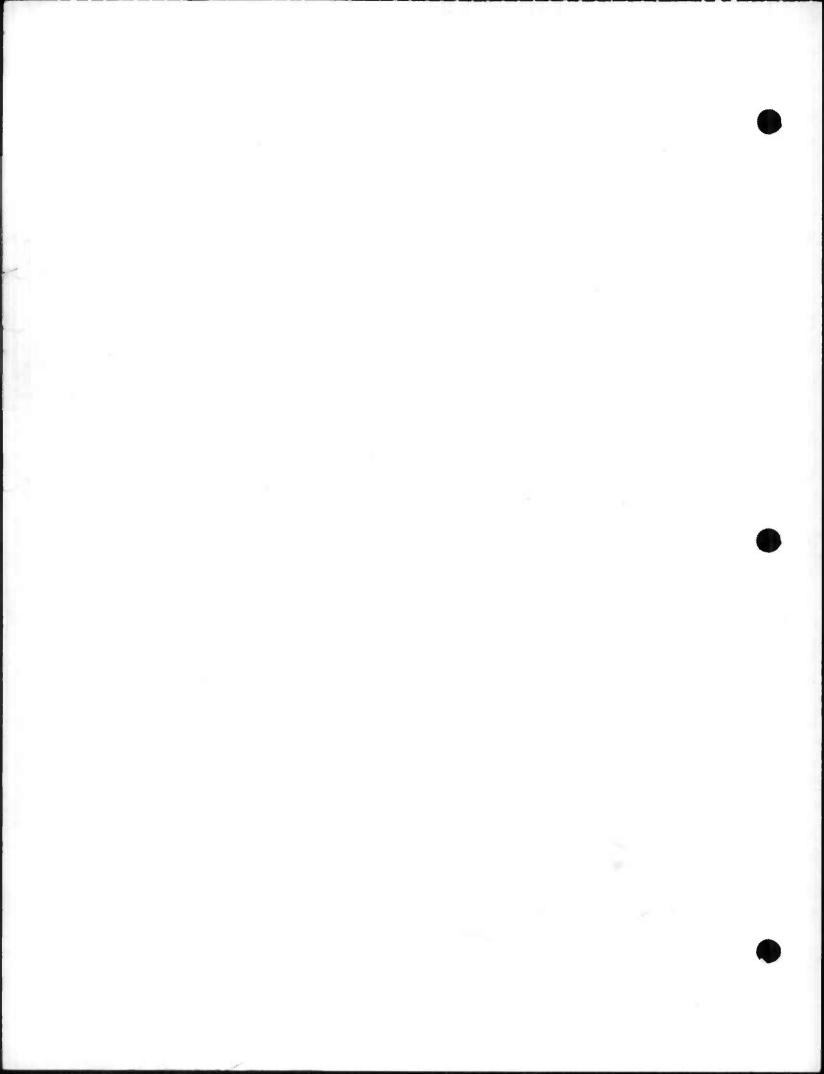
DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020	in 25 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	THE ACKITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Extrous after death. Page 6 may be retained by the hospital or attending physician.	TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	7.00	AYLOR	2. DATE OF DEATH BOTH BOTH BOTH BOTH BOTH BOTH BOTH BO	8, 1995	IME OF DEATN				
	4. SOCIÁL SECURITY NUMBER 245-42-2743 1 M 2 F 90. FACILITY NAME (If not institution, give street end number)	YRS. MONTHS DAYS HO	INDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Year)	N. CAF	ROLINA				
TOR	ST. JOSEPH HOSPITAL	96. CITY, TOWN OR LO		90. COUNTY OF DEATH					
DIRECTOR	MARYLAND n/a	10c. CITY, TOWN OR LOCATION BALTIM	ORF		INSIDE CITY LIMITS? YES 2 NO				
FUNERAL	100. STREET AND NUMBER 5507 LOTHIAN ROAD	10f, ZIP		10g. CITIZEN OF WHAT	,				
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 V IF YES, GIVE WAR OR DATES	ARMED 13. WAS DECENDED If you, specify 1 VES 2	NT OF NISPANIC ORIGIN? (Specify YecCuben, Maxicen, Puerto Ricen, etc.) Specify:		mericen Indian, Ite, etc.				
COMPLETED	(Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5 +)	OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.)	vorking 16b. KIND OF BU BALTIM SANITA						
BE CO	17. FATNER'S NAME (First, Middle, Last) HENRY TAYLOR	18.	MOTHER'S NAME (First, Middle, Malden HATTIE	Sumeme)					
101	DOROTHY A. TAYLOR	5507 LOTHIAN	ROAD, BALTIMORE	, MARYLAND					
	20a. METHOO OF OISPOSITION 1 \(\times \) deurlei 2 \(\times \) cremetion 3 \(\times \) Removal from Stata 2 \(\times \) cemagra, 4 \(\times \) Donetion 5 \(\times \) Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE			ANDALLS TOWN, S					
	· See V. Bolland	WM. C.	MARCH FH1101		AVENUE				
	IMMEDIATE CAUSE (Final	disease or condition							
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. Left Ultricular hyper trophy, 1 A YES 2 NO 24a. WAS AN AUTOPSY PROPINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF OCATH? 1 YES 2 NO								
SICIAN:	EXAMINER? HOSPITAL:	ACE OF OEATN (Check only one) OTHER:	NCERTAIN 🔲						
PH	1 ☐ YES 2 NO 1 1 ☐ Inpetient 2 ☐ ER/Outpetient 27. MANNER OF OEATN 28s. DATE OF INJURY (Month, Day, Year) 1 ☐ Netural 5 ☐ Pending	28b. TIME OF 28c. INJURY WORK?	Residence 8 Other (Specify) 28d, DESCRIBE NOW I	NJURY OCCURED					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined 28e. PLACE OF INJURY — At home, ferm, afreet, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)								
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, one) 2 MEDICAL EXAMINER: On the basis of examination end/or				menner ee stated.				
TO BE C	296, SIGNATURE AND TITLE OF CERTIFIER HOLLING	attologis I	128244	29d. DATE SIGNED (Mon	th, Day, Year)				
		SAINT JOSE	PH HOSPITA	2					
	JAN 1 0 1995								



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

DIRECTOR FUNERAL BY ED Щ COMPL BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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9

290. SIGNATURE AND TITLE OF CENTIFIER

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

8

FUNERAL WITHIN 72 H HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

Pages 1, 2, 3 permit. burial-transit and completely filled in by the funeral director, page 5 should be detached for use as the burlal, cremation, or removal. notified at Pe must examiner medical the event, traumatic Hygiene prior to other t any

hours after death. Page 6 may be retained by the hospital or attending physician. signed by the attending physician Health and Mental Hyglene prior to 0 this certificate has be with the State Dept. 23 10 marked, DIRECTOR: After the hours after death well them 28 is marked

Item18 1-10-95 FilmG719 W.H.Per F/H FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH NORMAN JAN.05, RIDGELY TODD 1995 16:18 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH
(Morith, Day, Year)
NOV • 25, 1908 IF UNDER t YEAR 8. BIRTHPLACE (State or Foreign DAYS HOURS Ty[3/M 2 □ F YRS Maryland 214-10-6542 86 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 4930 PENNINGTON AVE. BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City, (Curtis Bay) _____ 1 TY YES 2 NO 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4930 Pennington Ave. 21226 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify: White 1 TES 2 NO Specify: 3 Widowed 4 Divorced W.W.2 Army 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Bricklayer Union Local # 1 of Mo Unknown 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Todd George L. Snellings 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3729 Saint Victor St.Balto.Md. Mrs.Rita N.Geisendaffer 20a. METHOD OF DISPOSITION

Surfal 2 Cremation 3 Ramoval from State

Onation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata Glen Haven Mem.Park 1/9/\$5 Glen Burnie,Md. 21. SITUATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Kevin E. Ecker McCully Funeral Home of Brooklyn 237 E.Patapsco Ave.Balto.Md 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart fallure. List only one cause on each line interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) Arteriosclerotic Cardiovascular Disease DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square Inquiry 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) XXYES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, term, street, tactory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 😾 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

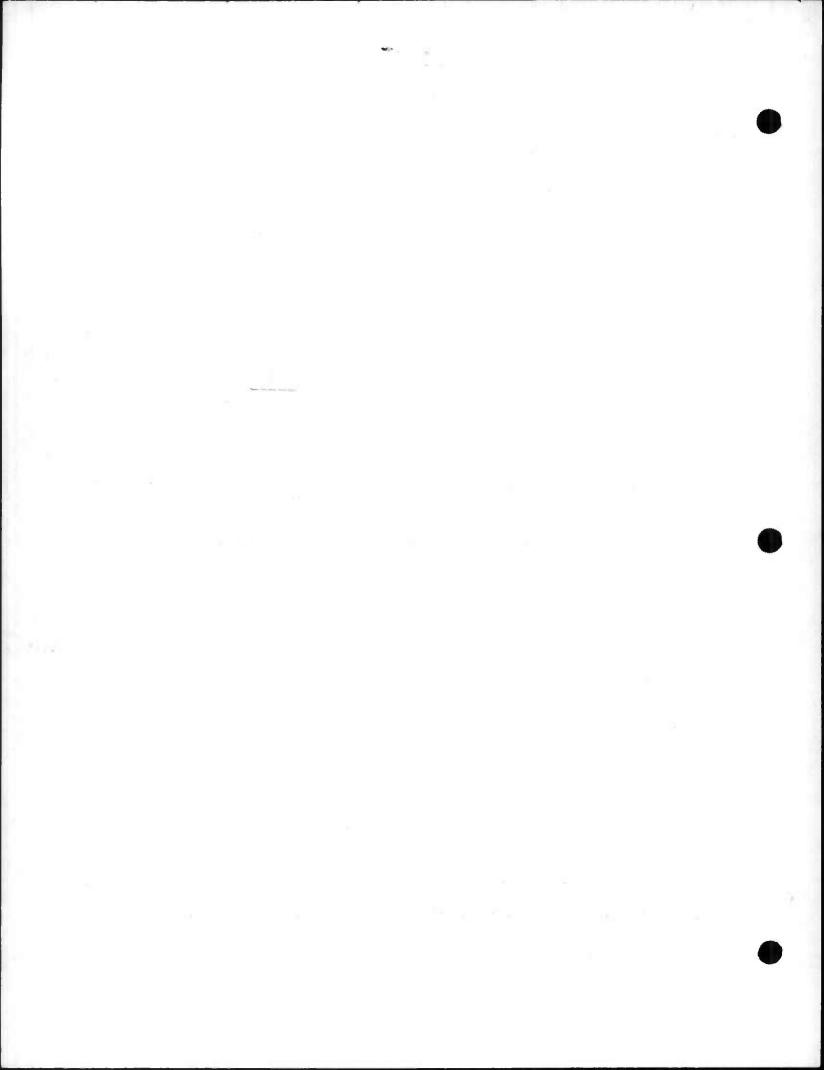
Mario F. Golle Jr. M.D. 111 Penn Street, Baltimore, Maryland 21201 32. REGISTRAR'S SIGNATURE

29c. LICENSE NUMBER

OCME

29d. DATE SIGNED (Month. Day, Year)

JAN.06,1995



MORE, MARYLAND 21215-0020

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

A SOCIAL SECURITY MUMBER

31. DATE FILED (Month, Day, Year)

0 1995

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	-
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	HOSPILALOR ATTENDING PHYSICIAN: The law requires that the death certificing to execute within a fine so after death

(Month, Day, Year) 8/5/1911 216 20 8133 DAYS HOURS 83 MIN. 1 XM 2 F YRS. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Overlea Gardens DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Turners Station 122 Honeysuckle Ct. Md. Balto. permit. 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 122 Honeysuckle Ct. 21222 burial-transit age 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Merried 2XXMarried If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced use as the 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY COMPLET ntary/Secondary (0-12) 104 College (1-4 or 5+) Merchant Seaman director, page 5 should be detached Cook once. 17. FATHER'S NAME (First, Middle, Last)
Wilford 18. MOTHER'S NAME (First, Middle, Maiden Surname) Thompson Mary Stevenson notified at BE 19a. INFORMANT'S NAME (Type/Print)
Mary Thompson 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 122 Honeysuckle Ct. Balto., Md. e Obs_METHOD OF DISPOSITION

Buriel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must DATE "New" Hope Cemetery 1/12 Farmvile, Va. 4 ☐ Donation 5 ☐ Other (Specify) medical examiner OF FUNERAL SERVICE LICENSEE ²² Name and address of facility
James A. Morton & Sons funeral i vitan 1701 Laurens St. Balto., Md. in by the free moved. 23. PART I, whiter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory strest, hock, or haert failure. List only one cause on each line. # by 1 pell IMMEDIATE CAUSE (Final cremation, 朝 disease or condition ento yrician and completely prior to burial, cremati event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate csuse, Enter UNDERLYING CAUSE (Disesse or Injury Injury, or other signed by the attending printed the signed of the signer o DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? shows any 1 YES 2 t, of h DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: certificate has be the State Dept. Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO 1 Inpetient 2 ER/Oulpatient 3 DOA ursing Home 5 ☐ Residence 8 ☐ Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with 1 Natural 5 Pending 1 YES 2 NO After t ВҰ Accident 28a. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is COMPLETED DIRECTOR: / after . 4 Homicide determined TO THE HOSPUTAL_OR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT: If Item 21 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, and due to the cause(s) and manner se stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner ee stated. 296. SKINATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Modth, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Richard 7401 110

> 32. REGISTRAR'S SIGNATUR Studen Ren

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

THOMPSON

6. AGE (In yrs. last birthday)

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

Jamaica, WI

10d, INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

21222

Interval Between

Onset and Death

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 YES

COMPLETION OF CAUSE

Jamaican

10g. CITIZEN OF WHAT COUNTRY?

USA

TYES 2 NO

REG. NO

2. DATE OF DEATH

1-6-95

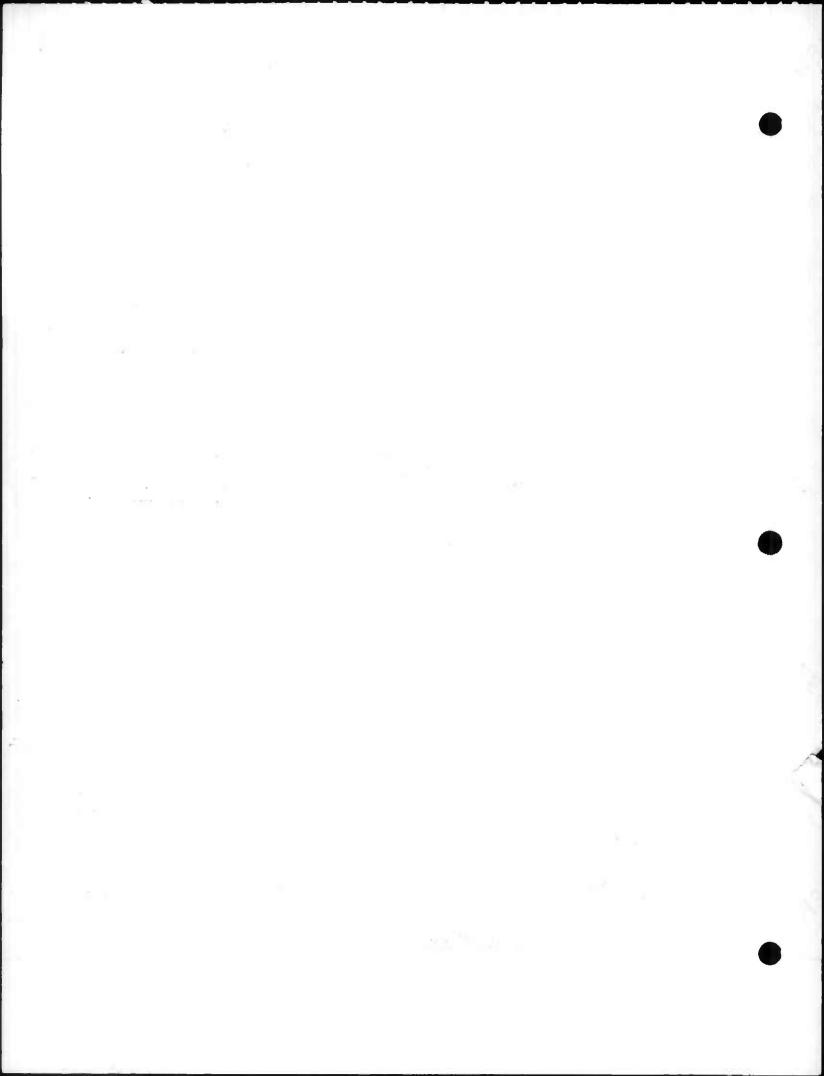
7. DATE OF BIRTH

21204

MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020	THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hy the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL REC	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	TO THE FUNERAL DIRECTOR: After this certificate has been sign be filed within 72 hours after death with the State Dept. of Hea	IMPORTANT: If item 28 is marked, or item 23 shows

	1 - FOR STATE OF MARY!	AND / DEPARTM CERTIFIC			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF DEATH	
	Dorothy Enola T	ruelove			Jan. 07	1995	1:30 a м	
3	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IPLACE (State or Foreign	
	204-03-3913 1 □ M 2 □XF	89 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year)	Count	γ)	
	9e. FACILITY NAME (If not institution, give street and number)	98	o. CITY, TOWN O	R LOCATION OF D	March I,	1905 Pe	nnsylvania	
E C	Meridian Long Green Nursing	Center	Ва	ltimore				
DIRECTOR	RESIDENCE OF DECEDENT							
2		10c. CITY, T	OWN OR LOCAT				10d. INSIDE CITY LIMITS?	
	Maryland			Baltimor	:e		1 TYES 2 NO	
FUNERAL			101.	21 2	101	10g. CITIZEN OF V		
빌	603 Jasper Street 11. MARITAL STATUS 12. WAS DECEMENT EVER						SA	
교	1 Never Merried 2 Werried FORCES? 1 YES	2 	If yes, spe	city Cuben, Mexico	NIC ORIGIN? (Specify Year on, Puerto Ricen, atc.)	or No- 14. RACI Black	— American Indian, c, White, etc.	
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR I	DATES 21	1 TYES	2 TO Specif	y:	Speci	White	
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USI	UAL OCCUPATIO	N .	16b. KIND OF BUS	I SINESS/INDUSTRY	MITTE	
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during mos tired.)	t of working				
필	unknown	Strippe	er		Exotic	: Enterta	inment	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S NA	ME (First, Middle, Meiden	Surname)		
BE	Thomas Henry Stees			Ber	rtha May Hi	lleeds		
2	19e. INFORMANT'S NAME (Type/Print)				Route Number, City or Town			
-	Curtis Floyd Carter, Jr.	606 Jas	sper St	reet Ba	altimore, N	1D 21201		
- 1		b. PLACE AND DATE OF D				CATION — City or To		
- 1		letro Cremato or other	_			Baltimore	, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Dawn F.	MCDOHAId		mation S	Society of	Marvland	. Inc.	
	23. PART I. Entar tha diseases, or complications that cause		299	Frederi	ick Rd. Bal	ltimore,		
PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQU							
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	WOR	IK?	26d. DESCRIBE NOW II	NJURY OCCURED		
B	Accident Investigation 28e, PLACE OF INJUST	Y — At home, ferm, atree		ES 2 NO	204 LOCATION (Orange			
ETED	3 Suicide 6 Could not be determined 200. PLACE OF INJUR	cify)	n, tactory, omce		28t. LOCATION (Street e City or Town, State)	nd Number or Rural P	loute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the bests of exemination) end menner ee stated.	
8	206 MONATURE AND TITLE OF CERTIFIER Ray mand A. MZe map DI.)-		290 LICENSE NUM	ABER 184	Januar		
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	EATN (ITEM 27) (Type, Prin	7()			Carract	, ,, ,,,,,,	
	Raymond A. Nze, M.D. 780	l York Rd.	Suite	300 Tow	son, MD 212	204		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S GN	ATURE						
	JAN 1 0 1995 Juli De Walson Kan							

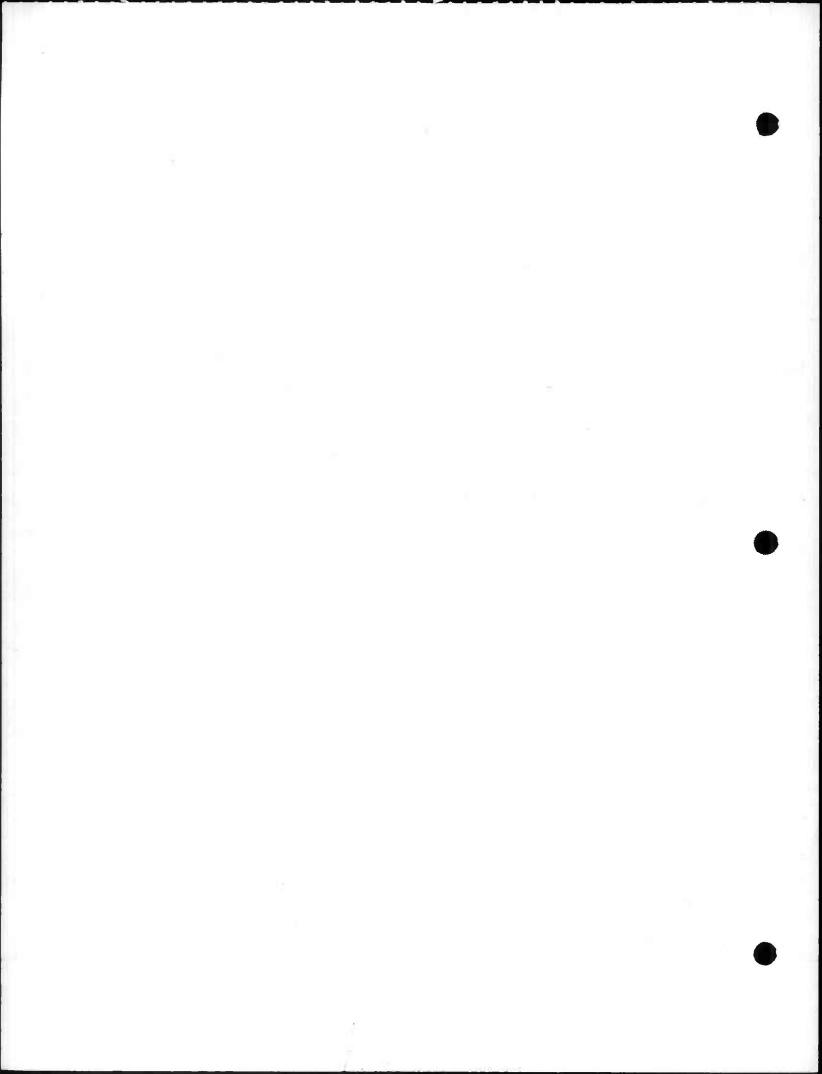


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STATE REGISTRAR CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH hurston at 0 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTNPLACE (State 3424 1 M 2 F YRS. 36 Virginia permit. Pages 1, 2, 3 should But how or Location of DEATH 9c. COUNTY OF DEATH amoritan 00 DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MO Baltimore 1 - YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3809 Pirog Drive 21222 funeral director, page 5 should be detached for use as the burial-transit USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE --- American Indian, Black, White, etc. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-**MARYLAND 21215-0020** 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced White ETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe ndary (0-12) College (1-4 or 5+) COMPL 10 Inspector Telephone once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) TO Roy Thurston Alice Simms BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Smith Drive Peggy Sue Campbell Baltimore, Md 21222 hours after death. Page 6 may be BALTIMORE, pe 20e, METHOD OF DISPOSITION
1 X Burlal 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Cemete<u>ry</u> 0ak Lawn 1/10 4 Donation 5 Other (Specify) Baltimore, Md examiner 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Dundalk le Enthon 7110 Sollers Pt Rd 21222 completely filled in by the the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Daath disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within other traumatic event, in and comp to burial, c CANUI CERTIFICATION Sequantisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, laading to immediata cause. Entar UNDERLYING physician phor CAUSE (Disesse or Injury certificate has been signed by the attending photoe State Dept. of Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST -0 Injury, DIVISION OF VITAL RECORDS, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO W UNCERTAIN I 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Hem OTHER: 1 TES 2 NO 1√ Inpatient 2 □ ER/Outpatient 3 □ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 5 27. MANNER OF DEATN 28e. DATE OF INJURY this c s after death with the 28 is marked, 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death BY 2 Accident trivestigation 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Nomicide TO THE HOSPITAL OR ATT TO THE PUNERAL DIRECT TO THE MILIO TO NOURS AT MANDER ANT: If Item 2. 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(a) and menner es eteted. MEDICAL EXAMINER: On the beale of axe tion end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and menner as stated. 29b. SIGNATI 29d. DATE SIGNED (Month, Day, Year) D ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, 32 TEGISTRANS PROVINCE



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CERTIFICATION

MEDICAL

PHYSICIAN:

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
David Trevino, M.D.
9000 Franklin Square Drive, Baltimo

0 1995

32. REGISTRAR'S SIGNATURE

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	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR Glenroy URBAN John 1995 January 6. 12:08 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Dec. 9, 1923 214-14-4384 1 M 2 | F 71 YRS. Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Square Hospital Rossville Baltimore county RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Essex 1 YES 2 THO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8620 Kelso Drive USA 21221 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ XES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexican, Puerlo Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 12th Civil Service 17. FATHER'S NAME (First, Middle Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Charles Urban Geneivie Dugent 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Shelly Tawney 412 Grovethorn Road Baltimore Md. 21220 20e. METHOD OF DISPOSITION
1 ☐ Buriel 2 🏋 Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Nama of OATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Metro Crematory INc.1/7/95 Baltimore MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Essex 300 Mace Ave Baltimore 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, Approximate shock, or heart fellure. List only one ceuse on sech-line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) a. Hypoperfusion and Hypoxia Due to (OR AS A CONSEQUENCE OF): hour <u> Cardiomyopathy</u> 10 hours Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Possible Myocardial Infarction CAUSE (Disease or Injury 8 hours OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceues given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 X NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN EX 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 X NO 1 10 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending м 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office 3 Sulcide 8 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER 1 💢 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ee stated. 2 MEDICAL EXAMINER: On the beale of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 29h. SICKAPURE AND TITLE DE CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) M January 6, 1995

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Baltimore, MD



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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760 OF STENDING PHYSICIAN: The law requires that the death certificate be executed within ST

nours after death. Page 6 may be retained by the hospital or attending physician.

		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
		1. Decedent's NAME (First, Middle, Last) Dorothy	Wissinger	1		j	MONTH OF DEATH AND AND AND AND AND AND AND AND AND AND	9° 1.5	3. TIME OF DEATH 12;00A. M	
PIN	4	219-18-7683	1 D M 2 X F 69	rs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) Dril 4. 1		BIRTHPLACE (State or Foreign Country) Maryland	
1, 2, 3 should	TOR	98. FACILITY NAME (If not institution, give stree Harford Gardens Nu RESIDENCE OF DECEMENT		,	Balti	MOYE	H	9c. COUNTY	OF DEATH	
ift. Pages 1	LETED BY FUNERAL DIRECTOR	106. STATE 106. COUNTY		5.5	timore.	City			10d, INSIDE CITY LIMITS? 1 X YES 2 NO	
ransit perm		4700 Harford Rd.			101.	ZIP CODE		U.S	of what country?	
the burial-transit permit. Pages		1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	Il yes, spe	ENDENT OF HISPANIC ecity Cuban, Mexican, F 2 NO Specify:		or No- 14.	RACE — American Indian, Black, White, etc. Specify: White	
for use as		15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION 18/ ompleted) College (1-4 or 5+)	(Give kind of wo	JSUAL OCCUPATIO ork done during mos retired.)	N it of working	16b. KIND OF BUS			
be detached at once.	COMPL	12 17. FATHER'S NAME (First, Middle, Last)		Recepti	ionist	18 MOTHER'S NAME			ance Co.	
d be d	l iii	Wesley David Bald				NAME (First, Middle, Meiden Sumeme) Cha Hartman				
5 should notified	TO B	19a, INFORMANT'S NAME (Type/Print)				nd Number or Rural Rou	e Number, City or Town			
page :	ľ	Deborah Ann Rayne	20h Pl		Benton H	eights Av			21206	
irector, p		1 Name 2 Cremation 3 Remove 4 Donation 8 Other (Specify)	- Oak	y, cremetory or oth lawn Ce	meterv	1/12/95	Ba	lto. M	ld.	
the funeral di val.		21. SIGNATURE OF UNERAL SERVICE LIFE	W.S.		5305 I	o aponess of Facili rd J. Ruch Harford Ro	1. 21214			
completely filled in by the funeral director, page rial, cremation, or removal. c event, the medical examiner must be		23. PART I. Enter the diseases, or consher about, or heart fallure. List IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	Ketast	atic	Cou	da of dying, auch a	a cardlec or reapl	ratory arreat	Approximata Interval Batween Onset and Death	
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that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
y the attend of Mental Hy injury, or	8	DART II Other elections conditions								
5 5	EDICAL	PART II. Other algnificent conditions	contributing to death but f	not resulting in	the underlying	cause given in Par	1 I. 24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
has been signed Dept. of Health a 1 23 shows am	N: M	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF D	DEATH YES	ON O	UNCERTAIN	<u>-</u>		1 TES 2 NO	
	SICIA		HOSPITAL:	PLACE OF DEATH	OTHER:					
E # 5	PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU	RIC?	Other (Specify)	NJURY OCCUR	ED	
after death	red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	M 1 YES 2 NO 28e. PLACE OF INJURY — Al home, farm, street, lectory, office building, stc. (Specify)		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
1	BE COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowledge	e, death occurred	at the fime, date of	and place, and due to I	he ceuse(a) and man	nner as stated.		
	COM	000) 2 MEDICAL EXAMINER:	On the basis of examination en						puse(s) and manner as stated.	
be MPORT	TO BE	296. SHONATURE AND TITLE OF CERTIFIER	Trifle	un	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) the January 90 th					
7		30. NAME AND ADDRESS OF PERSON WHO O	esh M.D.	5670 Th		da - Balt	o. Md. 2	21239	Jims	
		JAN 1 0 1995 Julia	32. REGISTRAR'S SIGNATUR	RE						

SIREESH K. TRIPURANENI, M.D. 5370 - B The Alameda BALTIMORE, MD 21239

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

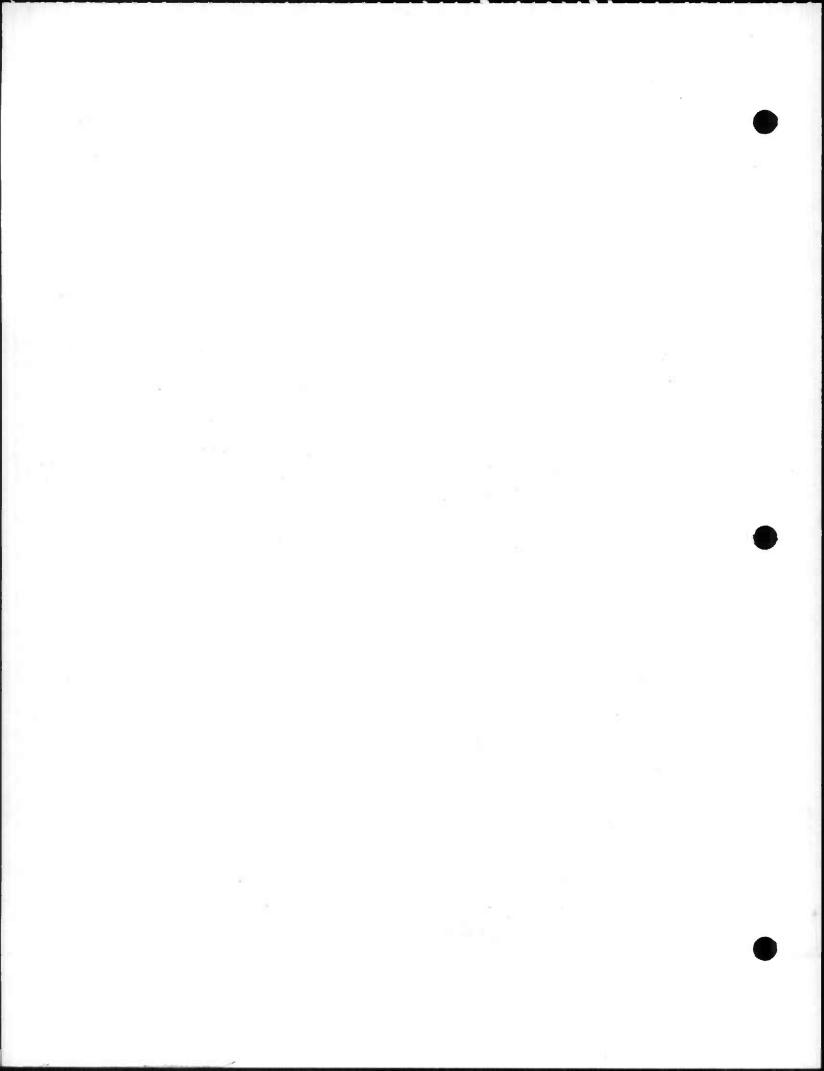
TO THE HOSFITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an intermediate of the hospital or attending physician.

TO THE FUNERAL CONTENT OF THE STATE DEATH OF THE ATTENDING Physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 cm. and within 72 cm. and the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT II IN 28 In writed, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

R ATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
GISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH ANI TE OF DEATH	MENTAL HYGIENE REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPH (U	nknown) Wesle			2. DATE OF DEATH JANUARY 60A	1995 3. TIME OF DEATH 1:44A M					
	130-14-3006	SEX 8. AGE (in yrs. is	YRS. IF UN	DER 1 YEAR IF UNDER 24 HRS	44.4 41 50 44 1	6. BIRTHPLACE (State or Foreign Sountry) NEW YORK					
OR	90. FACILITY NAME (II not institution, give street Doctors Hospital RESIDENCE OF DECEDENT	end number)	9b. C	ITY, TOWN OR LOCATION OF		9c. COUNTY OF DEATH Prince George					
딚	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		100 CITY TOW	N OR LOCATION							
DIRECTOR	Maryland Pri	nce George	100. 011, 101	College Pa	rk	10d. INSIDE CITY LIMITS? X YES 2 NO					
RAI	106. STREET AND NUMBER 107. ZIP CODE 108. CITIZEN OF WHAT COUNT 20740 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- Public Control of Contr										
SOLO LACRAWANNA SOLECT 20/40 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No.— 14. RACE — Armer											
ВУ	1 News Merried 24/ Merried	FORCES? 1 V YES 2 IF YES, GIVE WAR OR DATES		If yee, specify Cuben, Max 1 YES 2 NO Spi	Block, White, etc. Specify: White						
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) 12 6 Marketing Specialist U.S.D.A. 18. MOTHER'S NAME (First, Middle, Last)											
Elamentary/Secondary (0-12) College (1-4 or 5+) 12 College (1-4 or 5+) Marketing Specialist U.S.D.A.											
OM	17. FATHER'S NAME (First, Middle, Last)	6 1400	reary.		NAME (First, Middle, Maiden S						
	Joseph Wesley, Sr.				e Bligh	umamej					
) BE	19e, INFORMANT'S NAME (Type/Print)	11	96. MAILING ADDR		rel Route Number, City or Town,	. Stete, Zip Code)					
임	Helen S. Wesley		5020 La	ckawanna Str	eet, College	2 Park, MD 20740					
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of commence) Commence of the Commence of Commenc										
1	21. SIGNATURE OF FUNERAL SEMENTE-LIGHTS	100	1	2. NAME AND ADDRESS OF	FACILITY FLECK	tuneral Home. Inc.					
Ш	I Calalo Belong 7601 Sandy Spring Road, Laurel, MD 20707										
	23. PART L'Enter the diseases, or comp shock, or heart failure. List	only one cause on such lin	eath. Do not en	ter the mode of dying, s	uch as cardiac or respire	etory arrest, Approximate Interval Between					
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sypertense	agrita	rioselus	be lard	Onset and Death					
N	IMMEDIATE CAUSE (Final disease or condition resulting in death) Appertunsive extension conditions and Death of the conditions of the cond										
CATIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSE	QUENCE OF):								
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):								
AL C	PART II. Other significant conditions co	ntributing to death but not	resulting in tha	undarlying cause given	in Part I. 24e. WAS AN A	WTOPSY 24b. WERE AUTOPSY FINDINGS					
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MEDIC	Psychotic	disorder)			OF DEATH?					
	DID TOBACCO USE CONTRIBU	JTE TO CAUSE OF DEA	ATH YES	NO UNCERTA	AIN 🗆						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLA	CE OF DEATH (Che								
PHYSICIAN:	15 YES 2 □ NO 1 □	Inpatient 2 ER/Outpatient	DOA 4 -	lursing Home 5 - Residence							
BY PH	1 Natural 5 Pending 2 Accident investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW IN.	JURY OCCURED					
ETED I	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At h- building, atc. (Specify)	ome, ferm, street, f	actory, office	281. LOCATION (Street en City or Town, State)	nd Number or Rural Route Number,					
1 - 1	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	To the best of my knowledge, d	eath occurred at th	a time, date end place, and o	hus to the cause(s) and menn	or as stated,					
COMP	one) 2 MEDICAL EXAMINER: Or	the beels of examination end/or	investigation, in m	y opinion, death occured at 1	he time, date and place, end	due to the cause(e) end menner ee stated.					
B	296. SIGNATURE AND TITLE OF CERTIFIER	em.D.		DID-8	79	29 DATE SIGNED (Month, Day, Year)					
5	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (ITE	M 27) (Type Print)	FON DR.	ORGO NI	20772					
	31. DATE FILED (Month, Day, Year)	34 REGISTRAR GIGNATURE	/		/-						
	JAN 1 0 1995 Julia	M.M. Andrew									



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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		1. DECEDENT'S NAME (First,	Middle, Last)			-			****		2. DATE OF	DEATH			3. TIME OF DE	EATH
		JESSE L	WARD) III							JÄNÜAI	RY 6	, 199	5	3:30	Рм
		4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER		IF UNDER		7. DATE OF I				LACE (State or	Foreign
9		224-48-36		1 💢 M 2 🗌 F	58	YRS.	MONTHS	DAYS	HOURS	MIN.	JULY -	$\frac{19}{17}$, 1	936		CAROLI	NA
should	_	9a. FACILITY NAME (If not ins					1.0		OR LOCATION		ATH		9c. COU	NTY OF OE	TH	
. 2, 3	СТОВ	THE JOHNS HO		HOSPITA	\L		BAL	TIM	ORE C	CITY						
Pages 1,	REC	10a. STATE	10b. COUNTY	1		10c. CI7	Y, TOWN	OR LOCA	TION	_				1	IOd. INSIDE C	ITY
F. P.	ā	MS				JA	CKSOI	V						1	LIMITS?	□ NO
permit.	3AL	10e. STREET AND NUMBER						10	H. ZIP CODE	E			10g. CITI	ZEN OF WH	AT COUNTRY	7
020 physician. burial-transit	FUNERAL	609 C HZ	AMPTON	CIRCLE		HI-CA				211				U.S.		
020 physician. burial-trar		1 Never Married 2 X R	Married		YES 2 X	NO		If yes, sp	pecify Cuba	n, Mexice	en, Puerto Rican, etc.) Biaci			Black, 1	 American Ir White, atc. 	idlen,
9 in 9	В	3 Widowed 4 Divorce	ced	17 123, 0142 4	MAN ON DATES			I YES	S 2 (X NO	Specify				Specify:	WHIT	E
r attend	COMPLETED		DENT'S EDUC highest grade		- 1 0	DECEDENT'S	work done			9	16b. KIN	D OF BUS	INESS/IND	USTRY		
	٦	Elementary/Secondary (0-	12)	College (1-4 or 5	+) "	%. Do NOT u	se retired.) OLLE(ים יםי	וא גליבו			TOTAL	O N COT (ONT.		
AND the hospital detached for	MC	17. FATHER'S NAME (First, Mid	Idle Lest)	5 +				ט פנ		HED'C NA	ME (First, Middl		CATIO	JIV		
Z 2 2 2	EC		LEE	WARD, JE	·					JCILI	1		1.5			
MAR retained 15 should notified	00	19a. INFORMANT'S NAME (Typ		vand) or		96. MAILING	ADDRESS	S (Street a			loute Number, (NSCN City or Town		Code)		_
2 Se 5	5	CAROLYN M.		+ 10232 MEADOWKNOLL CT., MYERSVILLE, MD.21773						73						
		20a, METHOD OF DISPOSITION 1 □ Burlel 2 CCremetion		EANDDATE	OF OISPOS				DATE			City or Town				
Page 6 al direct		4 ☐ Donetion 5 ☐ Other (: 21. SIGNATURE OF FUNERAL	CHES	TESAPEAKE CREMATORY 1-8-95 BELTSVILLE J												
BALTIMOR The transport of the state of the		1000	7	Alan	1	-					ton F	unei	cal	Home	21222 Inc	2.
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d in by the or remove			art failure.	Liat Dnly Dna cau	use on each lin	na.	not anter	tha mo	oda of dyl	ng, auct	n ss cardiac	or respi	ratory arr	est,		Between
# 15 m		IMMEDIATE CAUSE (Final disease or condition		101	1 1		1		7 (1					Onset a	nd Daath
Mother mplens crem.		reaulting in death)		DUE TO	OR AS A CONS	EOUENCE O	F):	on_	Lat	ectio					1 30	Ly3
68760 eculed with and comple burial, cre attle even	N	Convention Hot con Help		Phe	monia										2	wks
OX 68 be execut dictar and office to burit fraumatic	HTIFICATION	Sequantially list condition if any, lasding to immedicause. Enter UNDERLYIN	lata	A 1	(OR AS A CONS		•	40		,	/ /				800	4
B Illen	FIC	CAUSE (Disease or Injury	OR AS A CONS	consequence of:				splent	,	_		100	dys			
Property of	H	resulting in death) LAST	44 1	Bone Marrow trans, ONSEQUENCE OF: (acrte lymphocyte levter)			14,	with.			
S	Ü	PART ii. Other algnifican	t condition									. WAS AN	ALITOREY			-
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	ED								,		— ¬	YES 2	□ NO	0	F DEATH?	
	ä	DID TOBACCO US	E CONTR	RIBUTE TO CA	USE OF DE	ATH YE	S 🗆 I	NO [JUNC	ERTAIN	1921			'	YES 2	Cuo
DIVISION OF VITAL OR ATTENDING PHYSICIAN: The In DIRECTOR: After this certificate has hours after death with the State De- Item 28 is marked, or item 23	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	-	HQSPITAL:		CE OF DEA	TH (Check	only one)								
F VIT. SICIAN: The certificate to the State I, or item	YSI	t YES 2 V NO		1 Unpatient 2				sing Hom		sidence	6 Other (Sp	ecify)				
ON OF ING PHYSI fler this cleath with marked,		27. MANNER OF DEATH 1 Natural 5 P	ending	28a. DATE DF (Month, D		28b. TIM	URY	WC	JURY AT ORK?	7.00	28d. DESCRI	BE HOW IP	JURY OCC	CURED		
NOING NDING Heath Is man	B	•	rvestigation	28e. PLACE O	OF INJURY — At I	nome, farm,	street, fact		YES 2	NO	28f. LOCATIO	N (Street a	nd Number	or Rural Rou	rte Number	
DIVISION OF VI OR ATTENDING PHYSICIAN: DIRECTOR: After this certifica hours after death with the St Item 28 is marked, or it	1E0		ould not be stermined	building,	atc. (Specify)							wn, State)				
DIV TO THE HOSPITAL OR A TO THE FUNERAL DIREC SE filed within 72 hours MPORTANT: If Item	COMPLETED	29a. CERTIFIER	FYING PHYSIC	CIAN: To the best of	my knowledge, o	leath occurr	ed at the t	lme, date	and place,	and due	to the cause(s) and man	ner es atat	ed.		
TO THE HOSPITAL TO THE FUNERAL Se filed within 72 IMPORTANT: If I	OM			R: On the basis of a											nd manner at	stated.
HE FUT	BE C	296. SIGNATURE AND TITLE C	OF CERTIFIER	//					29c. LICE	NSE NUM	BER		29d. DATE	E SIGNED (N	fonth, Day, Yea	ar)
TO THE De filed IMPOR	TO B	Bung	1/4	elmo.	mi	>			p	762	-55		D 1	16/9	5	
J		30. NAME AND ADDRESS OF I		COMPLETED CAU	SE OF DEATH (IT	ЕМ 27) (Туре,	Print)	1 .			1 6					
Ì		SANJEE 31. DATE FILEO (Month, Day, Ye		GULAT:	I SIGNATIVE	Shus	Ho	olci	3 H	امده	hat _					
		JAN 1	0 1999	Jalia	SE OF DEATH (IT	Rardall	6									
_ L		MINI									-				DHMH	-18 Rev 1/89

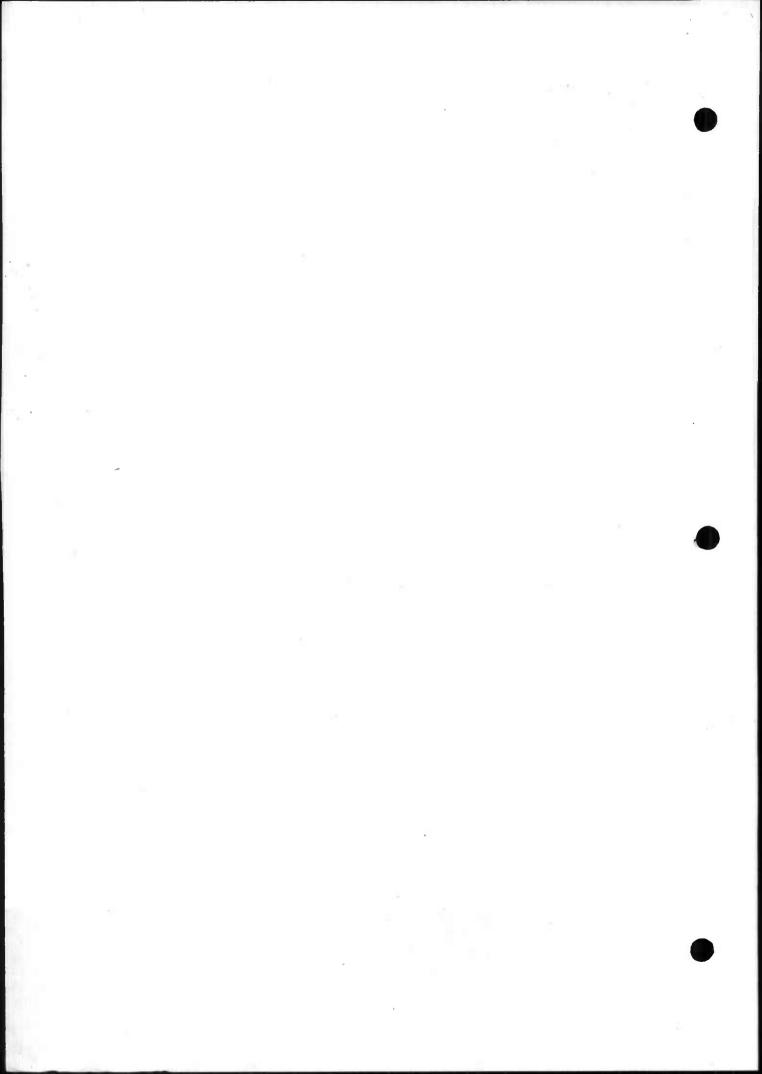
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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		FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN						
		1. DECEDENT'S NAME (First, Middle, Last)	Weiner	Alber	t M. Wei	iner	2. DATE OF DEATH MONTH D	95	AR	TIME OF DEATH	Н 🗪 м		
ukd		4. SOCIAL SECURITY NUMBER 217-09-3057	1 X M 2 □ F 86	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	P E	POLAN		reign		
1, 2, 3 should	TOR	90. FACILITY NAME (If not institution, give st SINAI HOSPITAL RESIDENCE OF DECEDENT	reet end number)			IMORE	ATH	9c. COUNTY	OF DEATH	1			
permit. Pages	DIRECTO		BALTIMORE	10c. CIT	Y, TOWN OR LOCA BAL	TIMORE		10			NO		
IST	FUNERAL	100. STREET AND NUMBER 22 RAISIN TREE C				1, ZIP CODE 2120		10g. CITIZEN OF WHAT COUNTRY?					
attending physician. se as the burial-transit	В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DATE	2 NO	II yee, sp	CENDENT OF HISPANI secify Cuben, Mexicen 5 2 X NO Specify:		14. RACE — American Indian, Black, White, atc. Specify: WHITE			in,		
al or for u	PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v life, Do NOT us	7/ 3	ON osl of working		F BUSINESS/INDUSTRY					
tained by the hospital should be detached for tittled at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		PRIN	TER	18. MOTHER'S NAM	AE (First, Middle, Malden	Surname)					
should be notified at	BE	MAX 19e. INFORMANT'S NAME (Type/Print)		WEINER 19b. MAILING	ADORESS (Street	and Number or Rural R	LEAH oute Number, City or Tow	n, State, Zip Cod	io)				
5 5	임	MRS. ERMA CAPLAN 22 RAISIN TREE CIRCLE BALTIMORE, MD 21208											
e 6 may be ector, page must be r		20e. METHOD OF DISPOSITION 1 💢 Burlel 2 🗌 Cremetion 3 🗍 Remo 4 🗎 Donetion 5 🗎 Other (Specify)	rval from State ceme	PLACE AND DATE (Itery, crematory or of SHFR SHAT	ther place)		OATE 20c. LO C+1-5-95 R	CATION — City ETSTERS					
ter death. Page 6 may by the funeral director, page yval.		0	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215										
th certificate be executed with hours after the certificate be executed with hours after tending physician and competely filed in by the lit Hygiene prior to burial, cremation, or removal or other traumatic event, the medical	CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Due To (or As A Consequence or): Congestive Heart Failure Oue To (or As A Consequence or): Due To (or As A Consequence or): Due To (or As A Consequence or): Due To (or As A Consequence or):											
that the death certification of the attending that and Mental Hygieshows any Injury, or other	MEDICAL	PART II. Other significent conditions		PERFOR	MED?	CON OF I	RE AUTOPSY FIN ILABLE PRIOR T MPLETION OF CA DEATH? YES 2 N	TO					
out the bar bar bar bar bar bar bar bar bar bar	PHYSICIAN:	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	2	6. PLACE OF DEAT	'H (Check only one)	UNCERTAIN							
PHYSICIAN: this certificat with the Siz- wed, or Ite	IYSIC	1 YES 2 NO	HOSPITAL:			ne 5 🗆 Reeldence (
his with	ВУ РН	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	URY WO	PES 2 NO	26d. DEŞCRIBE HOW I	NJURY OCCURE	.D				
TTENDI TOR: A after do	ETED B	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specifi	At home, ferm, s	treet, lectory, offic	•	281. LOCATION (Street of City or Town, Stete)	and Number or R	ural Route	Number,			
2 10 ±	COMPLI	onel	CIAN: To the best of my knowle t: On the beele of exemination						use(e) end	i menner ee st	ated.		
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER Cardella D.	Wilson, 1	M.D.	4-	29c. LICENSE NUM 24023		29d. DATE SIG	3/	1th, Day, Year)			
		30. NAME AND ADDRESS OF PERSON WHO Cardella D. 31. DATE FILED (Month, Day, Year)	WILSON S	TH (ITEM 27) (Type,	Hospita	1 Inte	21CC9851	dicine					
		IAN 1 0 1995	32. REGISTRAR'S SIGNAT	TURE									

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FOR STATE REGISTRAR	STATE OF MAI	HTLAND /	ERTIF	CATE (DEATH	AEG. NO.	95	-004/8
1. DECEDENT'S HAME (PIEI, MINOR, LIST)			1.13	YNN		S. DATE OF GEATH	764	3, TIME OF DEATH
ANTHONY	EUGENE					INNC		5 1010A
. SOCIAL SECURITY NUMBER		AGE (In yes, fer	ves.	MOMITHE BAYE	W UNDER 34 1978.	T. DATE OF BIRCH (Action Day: West)	.0	ounny)
14-68-4247	104101	38	VIII.	a. 2000 5000	On LOCATION OF CR	9-5-56	ac. COUNTY	ALTIMORE, MI
e, FACILITY NAME (If not methodon, phe of	real and number)			BAL			St. GOORIT	
SINAI HOSPITAL				Ditto	10. 011.			
00. BTATE 106. COUNTY		11	10c, CIT	Y, TOWN OR LOC	ATION			166, INSIDE CITY
1ARYLAND					BALTIM	ORE		17 YES 2 NO
DE STREET AND NUMBER					ISI. ZIP SODE		ing, CITITEM	OF WHAT COUNTRY!
4543 N. R	OGERS AVE.				21	215		S'A.
I, WARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. AF	ND		ECFNDENT OF HISPAS specify Cuban, Mastes	INT ORIGIN? (Specify, 76.1 in Purisi Rican, 44c.)	or No 14.	NACE American Indian, Black, Wilne, etc.
(N) Meyer Merried 2 Married Widowed 4 Diversed	IF YES, GIVE WAR			181	En a go wo spech			Black
		100.00	ECEOENT'S	UBUAL OCCU	TIOH	186, KIND OF BUS	INES LIPREAUT	
In. DECEDENT'S EDUI (Specify only highest grade	comprised)		one and of	earl done Juring	me at a working			- 1 m
Elementary/Secondary (0-12)	College (1-4 or 6 s)	1		ANDLER		11.5	DOSTAL	SERVICE.
7. FATHER'S NAME (FIRE) MINUTE (AN)	4	(*)/	311	PIULLA	TA, MOTHER'S MA	WE Fort 1840 2, Melden	the original first pages, 400 . C	
	JOSEPH WYN	4N				JOYCE S	TEVENS	ON.
SO, INFORMANT'S NAME (Type/TYPO	-302.11 1111		D. MAILING	ADDRESS (See	ri and Humber or Fire!	House Municipe City or Rose		
JOYCE EWEL			2468	FRANCE	S ST. E	ALTIMORE.	MD. 2	1217
TO THE PROPERTY OF STREET		100. PLACE	ANODATE	OF MAPOBITION			CATHON - Chy	
1 10 Suries 2 13 Cremation 3 13 Rem	oval from State	cometery, cr	WOOL	CAUN		11-14 BAL	TIMORE	, MD.
IL SIGNATURE OF FUNERAL BERNICE LIC	poser.		12.11	22. NAME	AND ADDRESS OF FA	CILITY	L C DD	OWN COMM. F
* Bashen & B	1			1200	W. NORTH		TO. MD	
Sequentially list conditions, it any, leading to immadists owned. Enter UNDERLYING CAUSE (Disease of injury that initiated events resulting in death) LAST	DUE TO (O	R AS A COMB	EQUENCE () Fit	Thromas) <i>(</i>)	**************************************	
PART II. Other significant condition Hypertunive DID TOBACCO USE CONT	Cardiova	ISE OF DE	ATH Y	ES [] NO			PM*,C17	JOD. WERE AUTOPET FROM ARKLABLE PRIVATE CONFLETION OF CAU OF SEATINT 1 TES S NO
25. WAS CASE REFERRED TO IMPLICAL EXAMINER?	HOBPITAL:	20. PL	ACE DF DE	CTIMER:	one)			71
1 □MES 3 □ NO	1 Climpation Z.Kill		_	4 i.) Ruming	Hame # C Residence			150
ZT. NAMMER OF DEATH	200. OATE OF II	HAC)	20h. 7i	JURY	WORKT	28d. ORSCRIBE HOW	INLIURY OCCUP	IEO .
1 Sharurel 6 Pending Investigation					T YES 2 NO			- 10 - W - N - 1
3 Cl Suicres 8 Could not be 4 Hemicide determined	2As, PLACE OF trullding, s	INJURY — At la. (Specify)	home, ferm	, street, festory,	office	201, LOCATION (Sirber City or Resert, State	and Mumber or	The real real real real real real real rea
294, CERTIFIER 1 CERTIFYING PHYS	IICIAN: To Ine best of n	ry bnavledge.	death occu	red of the time,	date and place, and du	e to the equation a so m	con se stated.	
MEDICAL SYAMIN	ER: On the Eastle of the	Abne nettenim	or townstiget	lion, in the opini:	on, death occured at the	e time, date and piece, t	nd due to the i	IV'se(e) and manner as wish
JOB. SIGNATURE MICH TITLE OF CERTIFIE	n 1 0				79c. LICCHBE N	IMBER	IDO. CATE I	INVESTMENT, Day, 1947
Dennin	1 (1/24	de m			1 o.c.	M.E.	JAI	1. 08/95
30, HAME AND ADDRESS OF PERSON W	MO POMPLETED CAUBI	DP DRATH (I	TEM 27) (7H	pe, (1'%)			His in	U.S. N. Lee
i w. · · · · · · · · · · · · · · · · · ·		111	Penn	Stre	et, Balt	imore, M	arylai	21201
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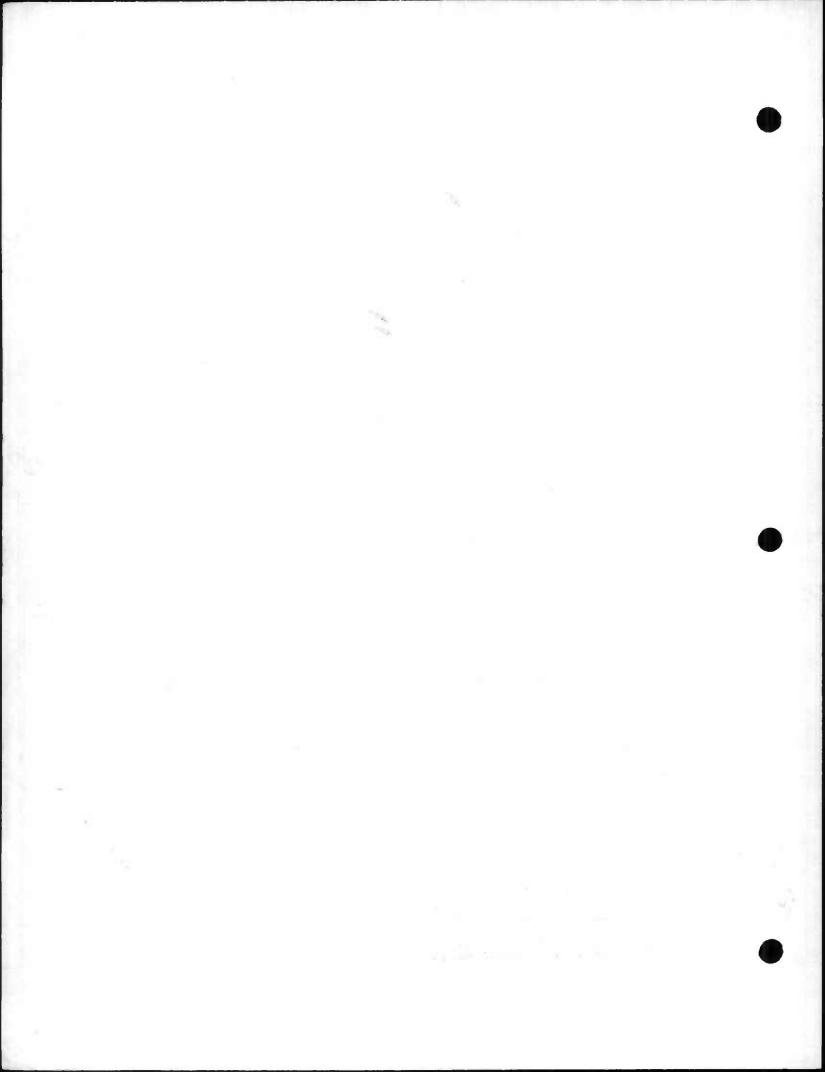
								2) (0413	
	1 - STATE OF MARYLAND REGISTRAR	/ DEPAR					MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest)		TOTAL E	- 01	DLAI		2. DATE OF DEATH			3. TIME OF DEATH	
	Mary Hilda		MONTH D	AY	YEAR	3. HME OF DEATH					
							Jan. 7, 1	995	$\overline{}$	М	
	W. Acc. (III) is.		IF UNDER	DAYS DAYS	HOURS	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHE	PLACE (State or Foreign	
	212-05-1577 ^{1□ M 2} √ 90	YRS.		SANTO MOUNTS MINING.			Nov. 4, 1	904		yland	
	Se. FACILITY NAME (If not institution, give street and number)		9b. CITY,	TOWN OF	LOCATIO	N OF DE		-	JNTY OF DE		
E C	12105 Old Frederick Rd.		Ma	rri	tts	vil1	e Howar			l Co.Md	
15	RESIDENCE OF DECEDENT									· collia	
DIRECTOR	10a. STATE 10b. COUNTY	R LOCATIO	ON					10d. INSIDE CITY			
ā	Maryland Howard Co.	M	arri	tts	vill	10				LIMITS?	
1	10. STREET AND NUMBER			_	ZIP CODE			10a CIT		HAT COUNTRY?	
FUNERAL	12105 Old Freder	i ala	5 G			1104	1				
Z										States	
] 5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2.	ARMED	13. V	MAS DECE f yes, spec	NDENT OF	HISPANI Mexican	C ORIGIN? (Specify Yes	or No-	14. RACE Block.	- American Indian, Whits, etc.	
B	3 ₩ Widowed 4 Divorced IF YES, GIVE WAR OR DATES	.Λ	1	YES :	ONXE S	Specify:	,		Specify	White	
	A								1	WILL DC	
III	(Specify only highest grade completed)	DECEDENT'S (Give kind of v	work done d	CUPATION furing most	of working	,	16b. KIND OF BU	SINESS/IN	DUSTRY		
l m	College (1-4 or 5+)	ite. Do NOT us									
g \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	10th.Grade	Oper:	ator				C.8	A.P.	Tele	phone Co.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	ER'S NAM	NE (First, Middle, Maiden				
111	William	Alle	n	- 1	Fr	anc	es	Muı	rrav		
		19b. MAILING	ADDRESS	(Street and			oute Number, City or Tow			21042	
2	Catherine Cinquegrana						h Dr,E11			itv.Md.	
2						-					
Burlet 2 Cremetion 3 Removal from State comolery, crematory or other place)											
	THOIS	y Cro						A . A .	.Co.1	Md.	
ехашиес			22. F	NAME AND	ADDRES	S OF FAC	Ba	1to.	.Md.	21230	
	Daniel C. Maylor		Mo	cCu1	.1y	Fun	eral Hom	e,13	30 E	.Fort Ave	
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiec or respiratory arrest,										
	shock, Dr haart fellure. List only one cause on each lit IMMEDIATE CAUSE (Finel	ne.								Interval Between	
	disease or condition	20.	do	En						Onset and Death	
E.	resulting in daeth) a. DUE TO (OR AS A CONS	EQUENCE OF	aun	1						MINUP	
5	DUE TO (ON AS A CONS	IA.	-):							1. 1.	
ERTIFICATION	Sequentially list conditions, Due TO (OR AS A CONS	yman	4							minos	
E	If any, leading to immediate cause. Enter UNDERLYING	EOUENCE OF): _ _		11.					10	
2 2	CAUSE (Disease or Injury C.	nan	arte	07	Clix	20 12				Muya	
HTIF	that initiated events DUE TO (OR AS A CONS resulting in death) LAST	EOUENCE OF	7:	(
E H	d.										
	PART II. Other algorificant conditions contributing to death but not	rooulting I	n the une	و ماديات د	e e como e el						
MEDICAL	A S (AA)	resulting i	n ma unc	aeriying	cause gr	ven in P	Part I. 24s. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	1420013						1 _ YES 2	NO		COMPLETION OF CAUSE OF DEATH?	
¥ W										YES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DE	ATH YE	SUN	10 🗆	UNCE	RTAIN					
¥ ×	25. WAS CASE REFERRED TO MEDICAL 26. PL/ EXAMINER?	ACE OF DEAT	H (Check o	nly one)							
Sic	1 YES 2 NO 1 Inpetient 2 ER/Outpatient	3 DOA	OTHER		26.	idenne 8	Other (Specify)				
£ .	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIM		28c. INJUI			28d. DESCRIBE HOW II	HIRV OC	CLIDED		
	1 Natural 5 Pending (Month, Day, Year)	ILMI		WOR	K?		- DECOMBETION	100111 001	DONED		
B	2 Accident Investigation 3 Suicide A Could not be 28e. PLACE OF INJURY — At h	home term o	tenat fasts		-	\rightarrow					
20	4 Homicide 8 Could not be building, etc. (Specify)	rome, marm, a	diser, lecto	ny, ornee			28f. LOCATION (Street a City or Town, State)	na Number	or Rural Ro	ute Number,	
29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as atta											
									led.		
S O	one) 2 MEDICAL EXAMINER: On the basis of examination and/or									and manner sa stated.	
- 1	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICEN						
B	De 11.11.	MM			C CICEN	C NUME	n i	29d. DAT	E SIGNED (A	Mgnth, Day, Year)	
2	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IV.	1			105	00			1/8	17)	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Pint

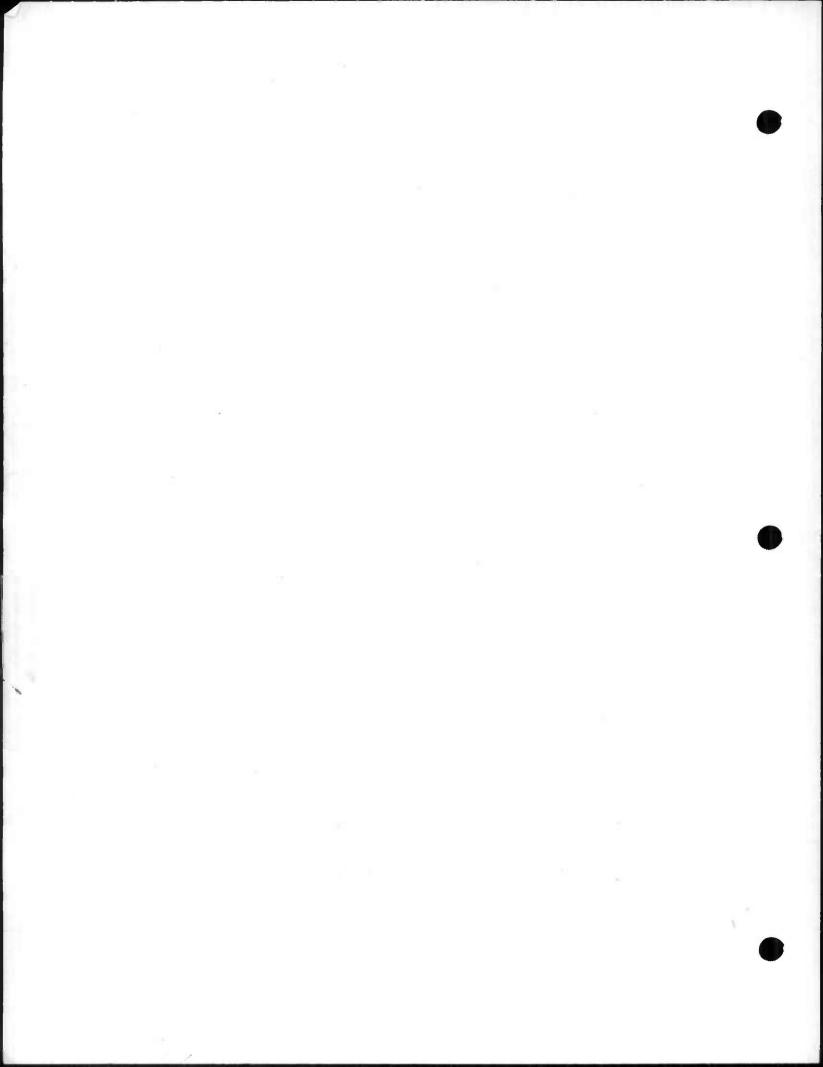
0 1995

32. REGISTRAR'S SIGNATURE

DHMH-16 Rsv 1/89



		1 - FOR STATE REGISTRAR	STATE OF MARY	LAND /	DEPART	MENT OF H	HEALTH AND DEATH	MENTAL HYGIE				
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATN	
				SR.				January	6, 19		М	
9		4. SOCIAL SECURITY NUMBER 220–30–5112	1 ∰ M 2 □ F	E (In yrs. les)	YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		935	Country)	faryland	
. 2, 3 should	TOR	98. FACILITY NAME (If not institution, give a 2331 Barclay Stre	Account the second	F1.oor		Balti	MOLE	EATN	9c. COU	NTY OF DE	ATN	
it. Pages 1,	DIRECTOR	10e. STATE 10b. COUNTY Maryland	Y			town or Local	TION			- 1	INSIDE CITY LIMITS?	
permit.	\¥	10e. STREET AND NUMBER					. ZIP CODE		10g. CIT	ZEN OF WI	IAT COUNTRY?	
an. Tansit	FUNER	2331 Barclay Stre					21218			USA		
Z1Z15-0020 al or attending physician. for use as the burial-transit	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	8 27 NO		If yes, sp	ecify Cuban, Maxica 2 NO Specific	NIC ORIGIN? (Specify Youn, Puerto Rican, etc.) y:	tes or No— 14. RACE — American Indian Black, White, etc. Specify: Black			
5 8 2	APLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	(Giv	EDENT'S US to kind of wo	SUAL OCCUPATION CONTROL OCCUPATI	ON est of working	DUSTRY	DIACK			
AND 2. the hospital of detached for once.		Hugh School	College (1-4 or 5+)	S	elf E	mployed	3	Packag	e Goo	ds St	ore	
LAND the hospit detached tonce.	COMPL	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S NA	ME (First, Middle, Maide				
Med by a by	BE	Charles Armstead						an Allen				
retained 5 should notified	5	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To			0		
1 2 8 E		Tyrone Armstead 200. METHOD OF DISPOSITION	20			DISPOSITION (Na		Baltimore	, MD OCATION -			
2 9 to E		1 Donation 5 Other (Specify)	oval from State Co	emetery, crem	atory or othe			Jan			Maryland	
funer funer funer		21. SIGNATURE OF FUNERAL SERVICE LICENSEE A CONTROL OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY NUTTER Funeral. Homes, 2501 Gwynns Falls Parkway Baltimore, Maryland 211 21216									mes, Inc	
after by the move		23. PART I. Enter the diseases, or o	complications that cause	ed the dea	th. Do not						Approximata	
filled i		ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	COV ON	aach line.	, A	NTIN		SEASE			interval Between Onset and Daath	
2 5 % E	_		DOL TO (ON MO	A COMSCO	JENUE OF):							
UX 68/100 to be executed sician and con rior to burial, traumatic ex	O	Sequentially list conditions, If any, leading to immediate DIASETES MEVITYS DUE TO (OR AS A CONSEQUENCE OF):										
certificate ding physiene p	CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
deart deart afte	S	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
that the sand by any I	MEDICAL	Stage	contributing to death	but not re	sulting in	the underlying	cause given in		RMED?	6	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
law requires the speed signed to the Health of Health 23 shows an											TYES 2 TOUR	
> 22	SICIAN:	DID TOBACCO USE CONTI	RIBUTE TO CAUSE ((Check only one)	UNCERTAIL	N D				
- F 2 2 5	SICI	EXAMINER?	HOSPITAL:		- 0	THER:	. X		_			
교육	PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME (OF 28c. INJ	URY AT	8 ☐ Other (Specify) 28d. DESCRIBE HOW	INJURY OCC	URED		
After this of death with a marked,	BY F	1 Netural 5 Pending 2 Accident Investigation	(WOMI, Day, Year)		INJUR		RK? /ES 2 NO					
TTENDO	ETED I	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, atc. (Sp	tY — At hom ecify)	e, farm, stre	eet, factory, office		28f. LOCATION (Street City or Town, State	8f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
September 19	COMPLE		CIAN: To the best of my kno								ind manner as stated.	
TO THE NO TO THE EU De Steed of	BE I	296. SIGNATURE AND TITLE OF CERTIFIER	ssitemo	/a	Hen	due	29c. LICENSE NUN	IBER	29d. DATE	SIGNED (A	fonth, Day, Year)	
	2	30. NAME AND ADDRESS OF PERSON WIN	O COMPLETED CAUSE OF D	EATN (ITEM	27) (Туре, Рі	rint)	10		'/	,0 3		
Q		31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SO	NATURE								



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FITH, OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

							3) 00921		
	Item # 1,4 Film # 6 719 1-26-95 N.A. FOR STATE OF MAR 1 - STATE STATE OF MAR	Per funer	al bome							
	1 - STATE REGISTRAR	TLAND / DEPAR CERTIF	ICATE OF	DEATH	D MENTA	REG. NO	IE			
	1. DECEDENT'S NAME (First, Middle, Last)		TOATE OF	DEATH	2. DATE	OF OEATH		3. TIME OF DEATH		
	DAVID Ralph BROWN	J			JAN	H D		95 1346 PM		
	4. SOCIAL SECURITY NUMBER 5. SEX 8. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HF	s. 7. DATE	OF BIRTH		BIRTHPLACE (Stete or Foreign		
	2 10-00-3009 1 M 2 D F	23 YRS.	MONTHS DAYS	HOURS MI	1. 3/9	h, Day Year)		Country)		
	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN C	R LOCATION O	F DEATH	111	9c. COUNT	Y OF OEATH		
8	UNIVERSITY HOSPITAL E. F	۲.	BALTIM	ORE C	TTY					
ן בַּ	RESIDENCE OF DECEDENT	10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.								
DIRECTOR	M									
	10e. STREET AND NUMBER	BALTO, 11								
FUNERAL	1254 Pennoal	0+	107	9 17	10-7		1/	C. D		
S	11. MARITAL STATUS 12. WAS OECEDENT EVE	R IN U.S. ARMED	13. WAS DEC	ENDENT OF HIS	SPANIC ORIGIN	17 (Specify Yes	0r No. 1	6. RACE — American Indian,		
LL	1 M Never Married 2 Merried FORCES? 1 ☐ Y IF YES, GIVE WAR O		If yes, spi	2 NO S	xicen, Puerto	Rican, etc.)		Black, White, etc.		
Э ВУ	3 Wildowed 4 Divorced							BLACK		
TED	15. DECEDENT'S EOUCATION (Specify only highest grade completed)	(Give kind of	USUAL OCCUPATIO	on st of working	168	KINO OF BU	SINESS/INDUS	STRY		
岂	Elementary/Secondary (0-12) College (1-4 or 5 +)	Iffe. Do NOT us	or retired.)	1						
COMPLET	17. FATHER'S NAME (First, Middle, Lest)		1 410		11000 (5)	4.4.				
S U	CALVIN Shally			16. MOTHER'S	NAME (First,	Middle, Meiden	Surname)	14/		
0	19e, INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a	nd Number or Br	val Bouta Num	her City or Tow	KOU.) / ¥		
2	CARRY TRUESAA	1 18 125-4	Pacel	201 6	4 8	ALT	0 /1	11 5 100 00		
	20s. METHOD OF DISPOSITION	20b. PLACE AND DATE	OF DISPOSITION (Na	me of	DAT	E 20c. LO	CATION — CI	y or Town, State		
	Burlet 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify) DATE LOCATION - City of Town, State Completely, crematary or other place) Completely, crematary or other place) Completely, crematary or other place)									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	That he docked the 7 is in the									
	23. PARTL Enter the diseases, or complications that cou	sed the deeth. Do r	not enter the mo	de of dying,	such as can	liec or reap	iratory arres	it. Approximate		
	shock, or heart failure. List only one cause or IMMEDIATE CAUSE (Fine)	each line.						Interval Between Onset and Death		
	disease or condition resulting in death)	+ latorial	le of C	host	240 6	tend				
		S A CONSEQUENCE OF	F):	VIES I	MILEC V	Invite				
Z	Convertibility list annulling b.									
ERTIFICATION	if any, leading to immediate	S A CONSEQUENCE OF	F):							
2	cause, Enter UNDERLYING CAUSE (Disease or Injury									
Ë	that initiated events resulting in death) LAST	S A CONSEQUENCE OF	F):							
	d									
AL	PART ii. Other aignificent conditions contributing to deet	but not resulting	in the underlying	ceuse given	In Part I.	24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS		
MEDICAL						1 VES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME								1 YES 2 NO		
	DID TOBACCO USE CONTRIBUTE TO CAUSE	OF DEATH YE	S 🗆 NO 🖻	UNCERT	AIN 🗆					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28. PLACE OF OEAT	H (Check only one) OTHER:							
YSI	YES 2 NO 1 Inpatient 25 ER/0		4 Nursing Home	5 🗆 Residen	ce 8 🗆 Othe	r (Specify)				
	27. MANNER OF DEATH 28s. DATE OF INJUF (Month. Dey, De. 1 Naturel 5 Pending	286. TIM	UR) WOI	RK?	28d. DES	CRIBE HOW I	NJURY OCCUI	RED		
B	2 Accident Investigation 1-7-95	~13: 1:	2 " 1 1 1 1	ES 2 NO	Sul		Shot			
<u>a</u>	3 Suicide a Could not be determined 28s. PLACE OF INJU	PRY — At home, farm, a pecify)	A	,	28f. LOC City	ATHON (Street a or Town, State)	1500 B	Aural Route Number 157		
COMPLET	29a. CERTIFIER				Oa 1	timore	. HP			
MP	(Check only 1 CERTIF TING PHYSICIAN: To the best of my kn									
8	2 X REOICAL EXAMINER: On the beels of examine	tion end/or investigatio	n, in my opinion, de			end place, en	d due to the d	ceuse(e) end manner ee stated.		
H H	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE				IGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO SMIPLETED CAUSE OF	M)	21.0	0.C.	M.E		▶JAN	1. 8,1995		
Jen		DESTMATEM 37) /Time	Deint)							

July Wassesman

JAN 1 1 1995

Penn Street, Baltimore, Maryland 21201

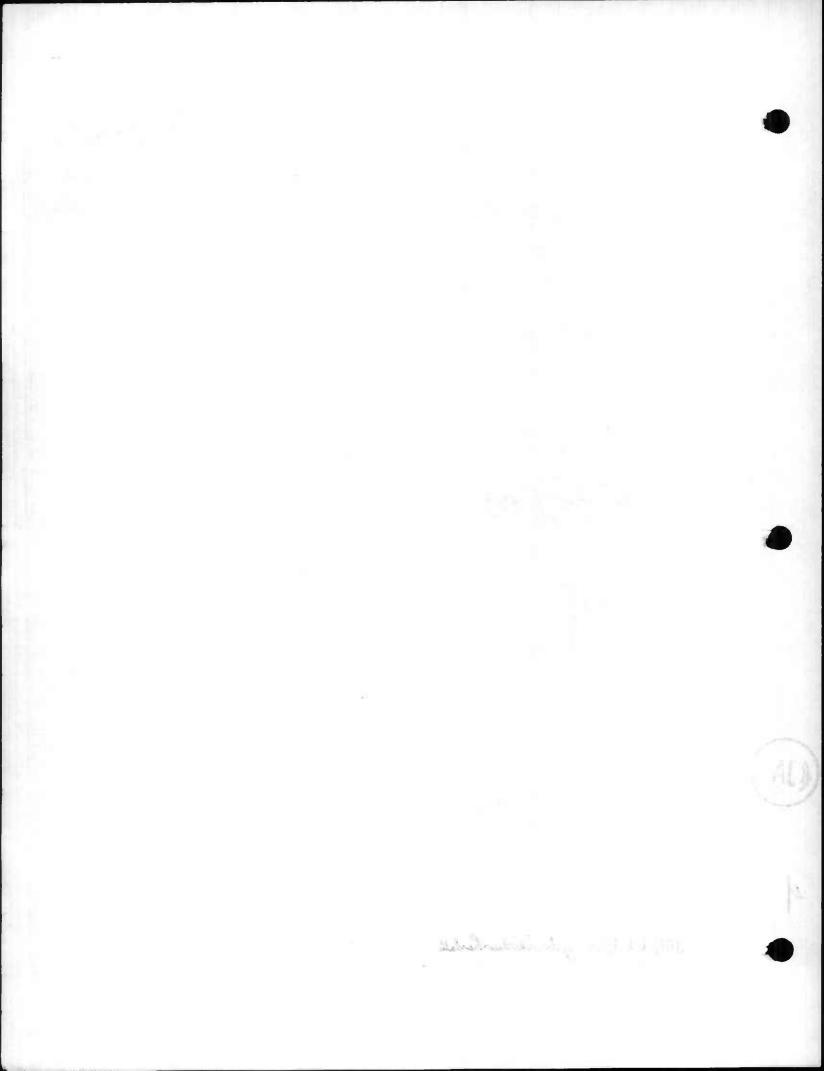
CAIREY TRYESDALE 1254 PRONDEN -. MY mt. Z, DN Comber 112 LANDSdowns . MY

Joseph bi docks & tick smart Bon 13047 Entered as

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۵	AC MOCDITAL P
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BALTIMORE, MARYLAND 21215-0020	siliam we requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer nermit pages 1.2 should	on, or removal.	te medical examiner must be notified at once.
DIVISION TO VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PROSIDANT IN Taw requires that the death certificate be executed within 2	TO THE FUNERAL UPSCIDE AND COMPLETE IN SECURITIES BEEN SIGNED by the attending physician and completely fi	be filed within 72 hours shart dearn with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

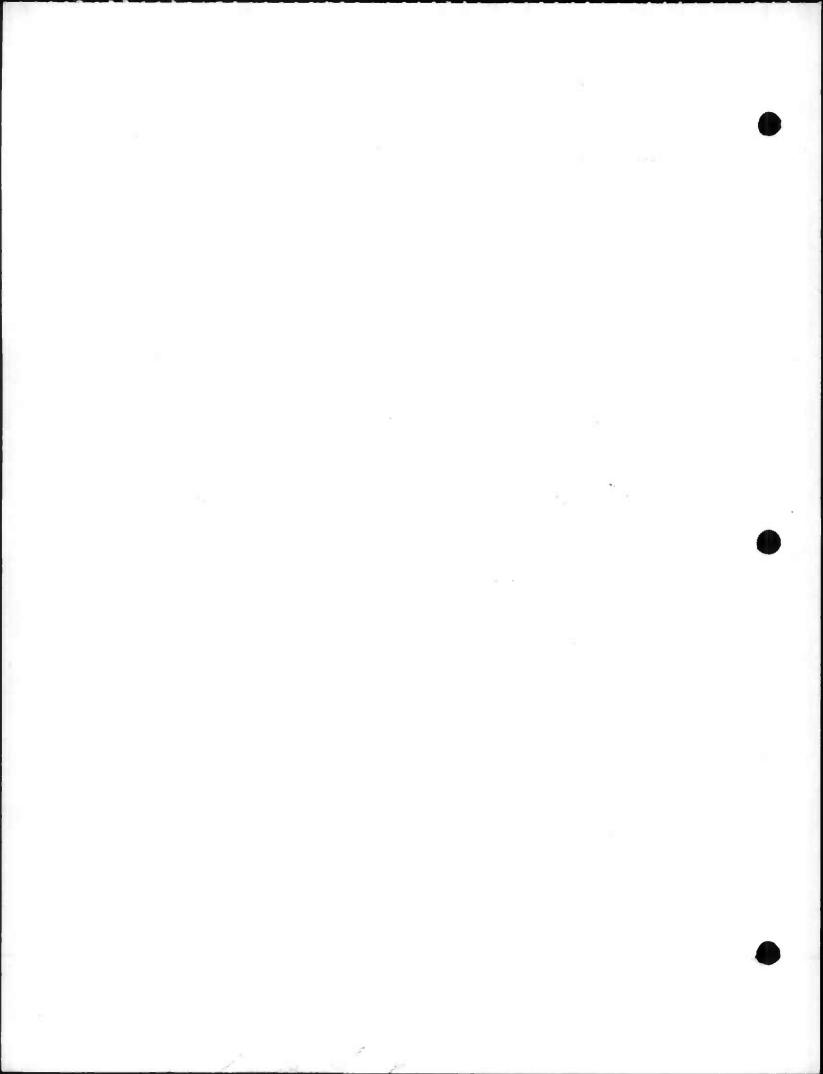
						95	00422				
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF HEALTH ANI ICATE OF DEATH	MENTAL HYGIENE						
	1. DECEDENT'S NAME (First, Middle, Last)	-0	Bal	1	2. DATE OF DEATH MONTH DAY	YE	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRE	01 09	195	BIRTHPLACE (State or Foreign				
	264-18-3651	1 🗆 M 2 💢 F	86 YRS.	MONTHS DAYS HOURS MIN	(Month, Day, Year)		Country) S (State or Foreign				
TOR	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA RESIDENCE OF DECEDENT 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH										
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER	r Grove	2 St	101. ZIP CODE	16	10g. CITIZEN	OF WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR O	2 NO	13. WAS DECENDENT OF HIS If yea, specify Cuben, Mex 1 YES 2 NO Spe	icen, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc.				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5 +)	18a. DECEOENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATION ork done during most of working a retired.)	166, KIND OF BUSH						
OMPL	17. FATHER'S NAME (First, Middle, Last)			1a. MOTHER'S	NAME (First, Middle, Maiden S.		aspring				
BE C	unknown			Unknow	Un						
10	T-Saac Wa	Shington	19b. MAILING	ADDRESS (Street and Number or Run 4 Bloomin	al Aoute Nymber, City or Town,	State. Zip Cod	3a Hound				
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	rai from State 20b	PLACE AND DATE OF	FOISPOSITION (Name of Park	1/2/95 XQ	ATION - City	or Town, State				
TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LICE	X C	1	22. NAME AND ADDRESS OF	FACILITY - Was.	+	212/5				
	23. PART I. Enter the displaces, or or	mnilcations that cause	I the death Do n	4300	Wabush	Ave	Batto mel				
	ahock, or heart failure LI IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardo	CONSEQUENCE OF	way ares	ten as cardiac or reapira	itory arrest,	Approximate interval Between Onset and Death				
TION	Sequentially list conditions, if any, leading to immediate	multz	CONSEQUENCE OF	nobral un	farctio	1'					
ERTIFICATION	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury that initieted eventa resulting in daath) LAST	DUE TO (OR AS A	CONSEQUENCE OF	neumania			•				
CER	d.	onfestin	s ho	ent parlas	70						
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to death be	ut not resulting in	tha undarlying cause givan i	n Part I. 24s. WAS AN AI PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
N.							1 YES 2 NO				
SICIA		HOSPITAL:		28. PLACE OF DEATH (Check only one)						
HYS	1 YES 2 NO	28e. OATE OF INJURY		4 Nursing Home 5 Residence		UPV COOLING					
ВУ	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1 YES 2 NO	28d. OEŞCRIBE HOW INJ						
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At nome, farm, at	reel, factory, office	26f. LOCATION (Street end City or Town, Stete)	d Number or Ru	iral Route Number,				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI. 2 MEDICAL EXAMINER:	N: To the best of my knowled On the bests of examination	edge, death occurred end/or investigation	i at the time, date and place, and do	e to the cause(s) end manne te time, date end pieca, and d	er as stated. due to the cou	se(s) and manner es stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	0		29c. LICENSE N	JMBER 2	Pad. DATE SIGN	NED (Month, Day, Year)				
70	30. NAME AND ADDRESS OF PERSON WHO			WILKENS A	VE RALT	MA	2/229				
	JAN 1 1 1995	3A REGISTRAR'S GRI		-DICKEN, O	- 100-1	D					



OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO BE COMPLETED BY FUNERAL DIRECTOR BALTIMORE, MARYLAND 21215-0020 am 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMEN		HYGIENE
CERTIFICAT	E OF DEATH	REG NO

1 - FOR STATE REGISTRAR		STATE OF MA				F HEALTH AP		AL HYGIEN	_			
1. DECEDENT'S NAME (First	, Middle, Last)						2. DA	TE OF DEATH			3. TIME OF OEATI	н
Veronica		М.		BOCHI	NTAK			nuary 6		YEAR	12:57	17M
4. SOCIAL SECURITY NUME	BER	5. SEX 6.	AGE (In yn	s. last birthday)	IF UNDER 1 YE		rs. 7. DA	TE OF BIRTH	, , , ,	s. BIRTH	IPLACE (State or For	reign
213-20-99	18	1 ☐ M 2 🎇 F	76	YRS.	ONTHS DA	YS HOURS M		cch 13,	1918	Mar	yland	
9a, FACILITY NAME (If not in	-	,			9b. CITY, TO	WN OR LOCATION				NTY OF D	4	
Franklin S	Square	Hospital				Baltimor	e		Balt	imor	re Count	v
RESIDENCE OF DEC	10b. COUNTY			10c CITY	TOWN OR L	OCATION						
Maryland	Ra1	timore		100.0111,		imore					10d. INSIDE CITY LIMITS?	
10e. STREET AND NUMBER		CIMOTE			Dart	10f. ZIP CODE			100 CITI	ZEN OF V	1 TYES 2 X	NO
9515 Peri	rv Hall	Blvd.				21236				J.S.		
11. MARITAL STATUS	1	12. WAS DECEDENT E	VER IN U.S	S. ARMED	13. WAS	DECENOENT OF H		SIN? (Specify Ver			- American India	0
1 Never Married 2 💢		FORCES? 1 [If yes	yes 2 X NO S	faxican, Puari	o Rican, etc.)		Speci	k, White, etc.	,,,
3 Widowed 4 Divo	reed					TES E (ZENO	эрвону.			Speci	White	
15. DEC (Specify onl)	EDENT'S EDUC.	ATION completed)	16s	Give kind of wo		PATION g most of working	1	6b. KIND OF BU	SINESS/IND	USTRY		
Elementary/Secondary (0		College (1-4 or 5+)	\neg	Ille. Do NOT use	retired.)	g most of working						
12				Home	maker			Own	Home			
17. FATHER'S NAME (First, M	43.							t, Middle, Maiden	Sumame)			
	ziolek	-					oria l					
19s. INFORMANT'S NAME (7		()				eet and Number or F						
Eugene Boch		(son)				Hall Bl				_	21236	
20a METHOD OF DISPOSIT 1 N Burlal 2 Crematic	n 3 🗆 Ramo	val from State	cequeter)	cremetory or other	DISPOSITION or place	N (Name of	1		CATION —			
4 Donation 5 Other 21. SIGNATURE OF FUNERA		SMICH.	но.	Ly Kosa		netery		/10 Rai	timor	e, r	Maryland	
- ////		7				nimunek		al Home	s. Ir	ıc.		
· www	2/2					05 Belai					21236	
23. PART I. Enter the d ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure. L	omplications that coulse only one cause	on each	deeth. Do no line.	t enter the	moda of dying,	such aa c	ardiac or respi	ratory arr	eat,	Approxima interval Be Onset and	tween Daath
		DUE TO (OF	AS A CO	NSEQUENCE OF):	!							
Sequentially list condit	iona. D.	Ruptured									8 day	/S
If any, leading to imme- cause. Enter UNDERLY	diate	DUE TO (OF	AS A CO	NSEQUENCE OF):								
CAUSE (Diseese or Inju		DUE TO (OF	AS A COL	NSEQUENCE OF):								
that initiated eventa resulting in death) LAS	т .		, NO A 001	rocoochoc or j.							į	
	d.	!									-	
PART II. Other algnifica	nt conditions	contributing to de	eth but n	ot resulting in	the under	lying ceuse give	n In Part I.	24s. WAS AN PERFOR		24b.	WERE AUTOPSY FIN	
								1 TYES 2			COMPLETION OF CA	
											1 YES 2 N	0
DID TOBACCO U	SE CONTR	IBUTE TO CAUS	E OF D	EATH YES	□ NO	UNCER	TAIN 🗆					
25. WAS CASE REFERRED TO EXAMINER?	_	HOSPITAL:	26. F	LACE OF DEATH		one)						
1 TYES 2 NO		1 Inpatient 2 E	1/Outpatier		OTHER:	Home 5 - Reside	nca 6 🗆 Ot	her (Specify)				
27. MANNER OF DEATH		28s. DATE OF INJ (Month, Day,	URY (bar)	28b. TIME INJUI		. INJURY AT WORK?	28d. D	EŞCRIBE HOW I	NJURY OCC	URED		
	Pending Investigation					YES 2 N	0					
	Could not be	28e, PLACE OF It building, etc.	(Specify)	it home, farm, str	eet, factory,	office	281. LC	CATION (Street a	and Number	or Rural R	loute Number,	
	Deministra											
		IAN: To the best of my										
one) 2 MEDI	CAL EXAMINER	: On the basis of sxam	Ination and	i/or investigation,	In my opinio	on, death occured a	t the time, de	ate and place, an	d due to th	e cause(a) and menner as str	sted.
29b. SIGNATURE AND TITLE	OF CERTIFIER					29c. LICENSE	E NUMBER		29d. DATE	SIGNED	(Month, Day, Ybar)	
1000	mm					R D	1776		Jan	nuar	v 6. 199	5
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE	OF DEATH	(ITEM 27) (Type, P	rint)				- oui		, , , , , , ,	
Stacey Dys		9000 F	'rank	lin Squ	are D	Rive, E	Baltim	ore, MI	21:	237		
31. DATE FILED (Month, Day,	Year)	32 REGISTRAR'S	SIGNATUR	RF.								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the mount of the death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

ITEMS: 16a,20b per F.H. G-719 1/11/95 reb FOR

	1 - FOR STATE REGISTRAR	STATE OF MAR		TMENT OF HEALI		NTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH		3. TIME OF DEATH		
	Edward J.	Blachowica	z Jr.				AY YEAR 3 1995	10:10 p M		
1	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. last birthday)		DER 24 HRS. 7. 0	DATE OF BIRTH (Month, Day, Year)	8. BIF	THPLACE (State or Foreign		
	212-42-2887	1 🕅 M 2 🗆 F 💆	50 YRS.	MONTHS DAYS HOUR		ept. 6, 1		maryland		
	9e. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN OR LOC			9c. COUNTY OF			
OR	Hopkins Bayview	,		Baltimo		N/A				
[2]	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		100 00	Y, TOWN OR LOCATION						
DIRECTOR	Maryland	N/A	100.00	Baltimore	3			10d. INSIDE CITY LIMITS?		
	10s. STREET AND NUMBER			IOF, ZIP C			10e CITIZEN O	1 X YES 2 □ NO		
BY FUNERAL	3628 Chesterfiel	d Avenue			L213		U.S.			
N	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DECENDEN		RIGIN? (Specify Yes		CE — American Indian,		
⊢	1 Never Married 2 Married	FORCES? 1 Y	ES 2 A NO	If yes, specify Co	ıban, Mexican, Pu	erto Ricen, etc.)	81	ack, While, etc.		
	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 (2) NO Specify: Whi									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working We be Not use retired.) 17b. De CEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) We be Not use retired.) 17b. De CEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)									
Ä	I Correctional Supply ###									
N N	12th Grade							and		
5 8	Edward J. Blach	ovica		18. M	,	First, Middle, Maiden				
D BE COM		Step Brothe	10b MAH IN	ADDRESS (Street and Num		a Gorzko				
2	Michael I. Hartm		,	Chesterfie]				21212		
1	20a, METHOD OF DISPOSITION	- I		OF DISPOSITION (Name of			CATION - City or			
	1 [X Buriel 2 Cremetion 3 Rem-	oval from State	cemetery, crematory or c	ther place) St. Stani Slaud Cemet	slaus 1			Maryland		
Ē	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AND ADD Schimune			ttimore,	Maryland		
	PRINT LA	daalo	1							
3	23. PART I. Enter the diseases, pr	complications that cau	and the death. Do	3331 Bre	hms Lan	e, Balti	Lmore, M	d. 21213		
	ahock, or heart failure.	List only one causa or	n each lina.	ibt enter the mode or	aying, such as	cardiac or reapi	ratory arreet,	Approximate interval Batween		
	IMMEDIATE CAUSE (Finel disease or condition							Onset and Death		
1	reaulting in death)	Brainste DUE TO (OR /	EM COMPTES	sion						
			ebral hem							
9	Sequentially liet conditions, if any, leeding to immediate		S A CONSEQUENCE O							
S	COURS Enter HMDEDIVING	. Hyperten	nsion							
E	thet initiated eventa	DUE TO (OR A	S A CONSEQUENCE O	F):						
CERTIFICATION	resulting in death) LAST	d								
	PART II. Other aignificant condition	s contributing to deet	h but not recuiting	in the underlying ceus	e given in Part	i. 24a, WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS		
MEDICAL	Renal failure,					PERFOR	IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	kidney + pancr			oz di ibpidire	. 0.2	1 TYES 2	X NO	OF DEATH?		
	DID TOBACCO USE CONTI			S D NOXD III	JCERTAIN F	- l		1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA		TOLKIAIT L					
SIC	EXAMINER?	HOSPITAL: 1 X Inpetient 2 - ER/0	Outpatient 3 DOA	OTHER: 4 Nursing Home 5	Residence 8 🗆	Other (Specify)				
Ŧ	27. MANNER OF DEATH	28e. DATE OF INJUR (Month, Day, Yea	RY 28b. TIN			DESCRIBE HOW I	NJURY OCCURED			
BY F	1 X Natural 5 Pending 2 Accident Investigation	(Month, Day, 10	, , , , , , , , , , , , , , , , , , ,	M 1 YES 2	P □ NO					
2 0	3 Suicide 6 Could not be	28e. PLACE OF INJU- building, etc. (S	JRY — At home, farm, Specify)	street, factory, office	281.	LOCATION (Street a		I Route Number,		
COMPLETE	4 Homicide determined					Only or lown, Stately				
P	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kr	nowledge, death occurr	ed et lhe lime, data and pla	ica, and due to th	e cause(s) and mar	ner se stated.			
S								e(a) and manner as stated.		
	296. SIGNATUMENAND TITLE OF CENTIFIES	A .		29c. L	ICENSE NUMBER		29d, DATE SIGN	ED (Mofith, Day, Year)		
) BE	2 Met	> MO			14011		1/1	1195		
유	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	, Print)	6 - 1			1		
	Johns Hopkins	Bayview Me	edical Cen	ter			16			
	31. DATE FILED (MODER, DEV. Year)	32. REGISTRAR'S SI	IGNATURE	200			_			
	בבמ ד ד אואר	Jene an mario	readall							



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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

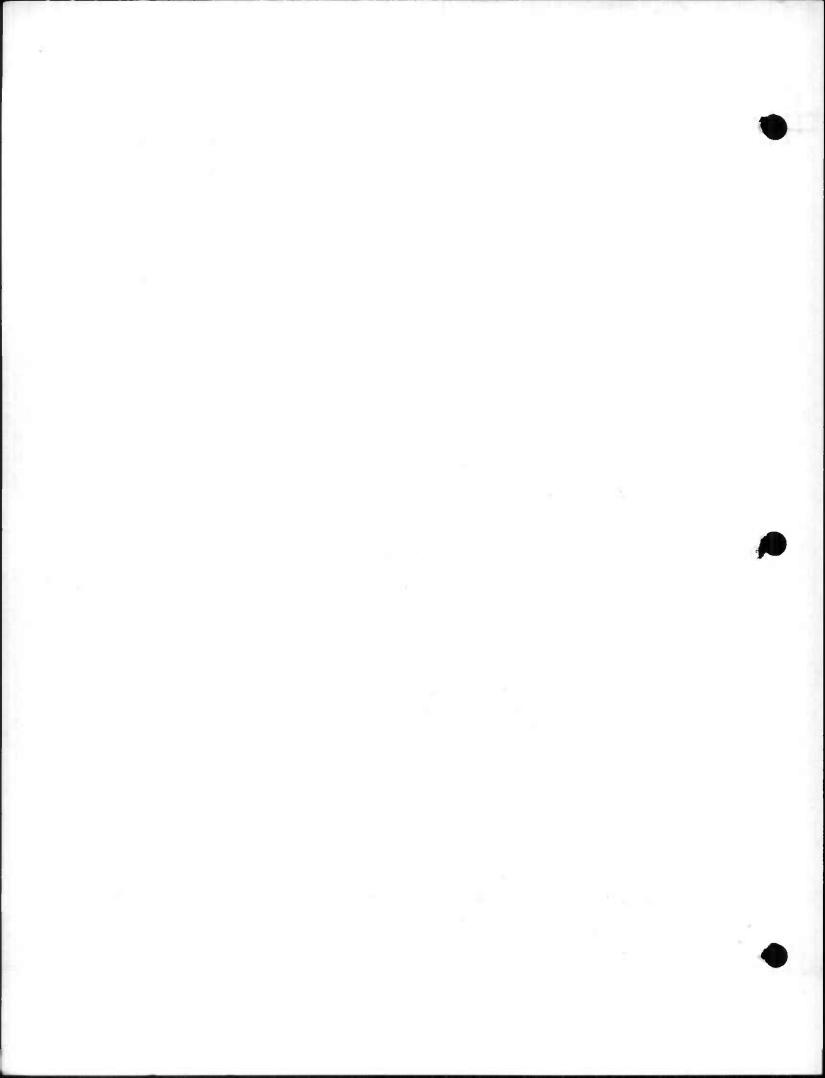
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
8	1. DECEDENT'S NAME (First, Middle, Last)		Paul Wa	alter Bu	nton	2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH			
	Paul	BUNTON				January 0	7, 1995	06:10 AM			
		. SEX 6. AGE (In yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cour	THPLACE (State or Foreign nitry)			
	9a. FACILITY NAME (If not institution, give stree		THS.	AP CITY TOWN	OR LOCATION OF DI	09/18/19	915 Net	w Jersey			
E E	Franklin Square			175	ville	EAIR					
12	RESIDENCE OF DECEDENT						Baltimore COunty				
DIRECTOR		Do I t dwood	10c. CI	TY, TOWN OR LOCA		n pieres		10d. INSIDE CITY LIMITS?			
	Maryland 1 100. STREET AND NUMBER	Baltimore		T 10	JYLLQQ J	le River	100 CITIZEN OF	1 ☐ YES 2 📉 NO WHAT COUNTRY?			
FUNERAL	113 Covered Wagon	Road			212	220		States			
3	11. MARITAL STATUS	2. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yes		CE — American Indian, ck, White, etc.			
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	ATES WW II		S 2 NO Specifi	n, Puerto Rican, etc.)		White			
ED E	15. DECEDENT'S EDUCATION 160. DECEDENT'S USUAL OCCUPATION 16b. KIND OF RUSINESS/INDUSTRY										
ш	(Specify only ingress grade completed) (GNP RIND of WORK done during most of working life, Do NOT use refired.) [If Elementary(Secondary (6-12)) College (1.4 or 5.5.)										
COMPL	G.E.D.		Firefi	ighter		Stee	el Indus	try			
00	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden	Surname)				
BE	Paul Bunton 19a. INFORMANT'S NAME (Type/Print)		405 44411 1011	A DODDEGO (O)		indenburg Route Number, City or Tow	2002				
2	Mrs. Genevieve L	Burton				pad Middle		MD 21220			
	20a. METHOD OF DISPOSITION	20b	. PLACE AND DATE	OF DISPOSITION (A	làme of	DATE 20c. LO	CATION — City or				
	1X Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	cen	OILY HI	LI Mem.	Gdns. 1/1	10/95 Mid	ddle Riv	er, MD			
	21. SIONATURE OF FUNERAL SERVICE LICEN	SEE		22. NAME A	ND ADDRESS OF FA	neral Home	of Dund	alk, Inc.			
	Doody t	Coard				e. Dundall		1222			
	23. PART I. Enter the diseases, or con shock, or heart fallure. Lis	nplications that caused it only one cause on a	tha death. Do	not anter tha m	ode of dying, suc	h ss cerdiac or reepi	ratory srrest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Finsi disease or condition	Manadan B.						Onset and Death			
	reaulting in death) s	Massive Br	CONSEQUENCE O		hage						
z				.,				İ			
E	Sequentielly liet conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE C	F):							
2	csuse. Enter UNDERLYING CAUSE (Disesse or Injury that initiated eventa	DUE TO (OR AS A	CONSEQUENCE O	FI-							
CERTIFICATION	resulting in deeth) LAST	•						į			
	PART II. Other significent conditions of	contributing to death b	ut not reculting	In the undertule	a sever slves la	Part I am una au					
CAL	Hypertension, Per:					PERFOR	MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC	Fibrillation	ipheral vas	curat hi	sease,	ALTIAI	1 [] YES 2	x NO	OF DEATH?			
Z	DID TOBACCO USE CONTRIB	BUTE TO CAUSE O	F DEATH Y	ES NO [UNCERTAIL			1 123 2 1 110			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	26. PLACE OF DEA	TH (Check only one)						
YSI	1 □ YES 2 🔯 NO 🗘	【 Inpetiant 2 ☐ ER/Outp		4 - Nursing Hor	ne 5 🗆 Rasidenca						
	27. MANNER OF DÊATH 1 💢 Natural 5 🗌 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR	JURY	JURY AT DRK? YES 2 NO	26d. DESCRIBE HOW I	NJURY OCCURED				
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	— At home, farm,		1111	26f. LOCATION (Street a	and Number or Rural	Route Number,			
Ë	4 Homicide detarmined	building, atc. (Spec	effy)			City or Town, State)					
COMPLETED		N: To the beat of my knowl	ledge, death occur	red et the time, dat	a and place, and dua	to the cause(s) and mar	nner as atated.				
ŏ	one) 2 MEDICAL EXAMINER: (On the basis of axamination	and/or Investigation	on, in my opinion,	death occured at the	time, data and placa, an	d dua to the cause	(s) and manner as stated.			
BE (296. SIGNATURE AND TITLE OF CERTIFIER	\ A41			29c. LICENSE NUR			D (Month, Day, Year)			
0	30. NAME AND ADDRESS OF PERSON WHO C	OMBI ETED CAUSE OF ST	ATH STEP AT C	Polant	D430	160	- 1 -	7-95			
	Nabil Kadi. MI				re Drive	Baltimore	MD 2123	2.7			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE		TE DITA	ратетшоге	FID 4123) /			
	JAN 11 1995	Julia Dhu	West-Rard	14							

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		1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Les	STATE OF MAP	CE	RTIF	ICATE OF	DEATH	REG. NO		3. TIME OF DEATN
		JOHN HENR	Y W BR	OWN				MONTH D		/EAR
		4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	JANUARY 8	3 199	5 12:02 P BIRTNPLACE (State or Foreign
		215-03-3627	1 SM 2 F	88	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)
3 should		9a. FACILITY NAME (If not institution, give	21	00		9h, CITY, TOWN C	OR LOCATION OF D	Nov 20, 19		Marylnad Y OF DEATH
1, 2, 3 st	TOR	St. Agnes Hospit	al			Balti			Jac Cooki	
permit. Pages	DIRECTOR	Marsel and	ITY			Y, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
THE STATE OF THE S		Maryland 10e. Street and number			B9	ltimore	. ZIP CODE		10a CITIZEI	1 ☑ YES 2 ☐ NO N OF WHAT COUNTRY?
	A	162 Wesley Avenu	10			101				
cian.	FUNERAL	102 Wesley Avenu	12. WAS DECEDENT EV	ED IN II C ADA	4ED	12 WE DEC	21228	NIC ORIGIN? (Specify Yes		SA
21215-0020 al or attending physician. for use as the burial-transit	BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 🔀	YES 2 N		If yes, sp	ecify Cuban, Maxica 2 NO Specif	in, Puerto Rican, etc.)	or No : 14	Black, White, etc. Specify: Black
te as	8	15, DECEDENT'S ED	DUCATION	16a, DEC	EDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUS	
ă 🖺 D	COMPLET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	,	st of working	100 0		
the host detache	N N	High School. 17. FATHER'S NAME (First, Middle, Last)		war	enou	seman			ood St	ores
A De de de de de de de de de de de de de de		John Brown						ME (First, Middle, Meiden	Surname)	
ned b	BE	19a. INFORMANT'S NAME (Type/Print)		101-	MARINO	ADDRESS (Court of		abeth		
BALTIMORE, MARYLAND ser death. Page 6 may be retained by the hospita the funeral director, page 5 should be detached in wal. it examiner must be notified at once.	7	Augustus Brown		- 1		lesley Av		Route Number, City or Tow Catonsvill		
death. Page 6 may be tuneral director, page tuneral director, page examiner must be		20a. METNOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ra 4 Donation 5 Dother (Specify)	moval from State	cemetery, cren	atory or of	of Disposition (Na ther place) emorial F				y or Town, State a, Maryland
Page 1	l i	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	III Saba	O IIC	22. NAME AN	D ADDRESS OF FA	CIUTY (III ++ C) +	TIMARS	1. Homes, Inc
BALTIMORE, after death. Page 6 may be noval. cal examiner must be is		term.	farke			Baltin	ovynns ra nore, Mai	ryland 212	ay 216	
by filled in thation, or rel		23. PART I. Enter the diseases, or abock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. OCLATOR OUE TO (OR	on eech line.						Onset and Dea
boecute and can buria	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSECU	UENCE OF	c cod	1010	scular	disc	08C 1900
Hy Hy	ERTIF	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQ	UENCE OF	F):				
eath cattendi attendi mtal Hy	_	that initiated events resulting in death) LAST	d				g ceuse given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDING
eath cathering attendi	_	that initiated events	d				g ceuse given in	PERFOR	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE
side of the strength of the strength and Mental Hy we are not not not not not not not not not not	_	that initiated events resulting in death) LAST	d				g ceuse given in		MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
KECOKDS, P. or requires that the death or been signed by the attendit is of Health and Mental Hy shows any injury, or	MEDICAL	that initiated events resulting in death) LAST	d				g cause given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
AL KECORDS, P. or le law requires that the death or has been signed by the attendi Dept. of Health and Mental Hy or a 23 shows any injury, or	MEDICAL	PART II. Other algnificent condition	d			in the underlying		PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
I AL KECORDS, P. The law requires that the death on the has been signed by the attendi ate Dept. of Health and Mental Hy em 23 shows any injury, or	MEDICAL	PART II. Other algnificent conditions to the conditions of the con	ona contributing to dee	th but not re	sulting I	in the underlying	ACE OF DEATH (Ch	PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CIAL RECORDS, P. (CIAN: The law requires that the death of criticate has been signed by the attending the State Dept. of Health and Memal Hy or or Item 23 shows any injury, or	MEDICAL	PART II. Other algnificent condition	d. Ona contributing to dee	oth but not re	sulting I	28. PL OTHER:	ACE OF DEATN (Ch	PERFOR 1 YES 3 eck only one) 6 Other (Specify)	NO NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
OF VITAL RECORDS, P. P. PHYSICIAN: The law requires that the death of this certificate has been signed by the attendit with the State Dept. of Health and Memial hy riced, or Item 23 shows any injury, or	PHYSICIAN: MEDICAL	PART II. Other algnificent conditions to the conditions of the con	Dona contributing to dee	Outpetlant 3	DOA 26b, TIM	28. PL OTHER: 4 Nursing Nom EOF 28c. INJ URY WO	ACE OF DEATN (Ch	PERFOR	NO NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ATTINDING PHYSICIAN: The law requires that the death of ELIOR: After this certificate has been signed by the attending the death with the State Dept. of Health and Mental hy the marked, or Item 23 shows any injury, or	ED BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions of the con	HOSPITAL: Inpetient ER/ 28e, DIACE OF INJU	Outpetlent 3 (DOA 26b. TIMU	28. PL OTHER: 4 Nursing Nom EOF 28c. INJ URY WO	ACE OF DEATN (Ch o 5 Residence URY AT RK7 /ES 2 NO	PERFOR 1 YES 3 eck only one) 6 Other (Specify)	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
OF VITAL RECORDS, P. P. PHYSICIAN: The law requires that the death of this certificate has been signed by the attendit with the State Dept. of Health and Memial hy riced, or Item 23 shows any injury, or	ETED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other algnificent conditions and the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditionally conditions are conditionally conditions are conditionally conditions are conditionally conditions.	HOSPITAL: Impattent ERV	/Outpetlant 3 (Specify)	DOA 28b. TIMU	26. PL OTHER: 4 Nursing Nom E OF URY M 28c. NUT WO 1 1	ACE OF DEATN (Ch. 5 Rasidence URY AT RK7 /ES 2 NO a and placa, and due	eck only one) 6 Other (Specify) 26d. DESCRIBE NOW II 281. LOCATION (Street a City or Town, State)	NO NO NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DESIGN OF VITAL RECORDS, P. OSPIRIL OR ATTRINDING PHYSICIAN: The law requires that the death of this certificate has been signed by the attend thin Z. Cours after death with the State Dept. of Health and Mental hy MATHER THE TERMS of Item 23 shows any injury, or	COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other algnificent conditions and the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditionally conditions are conditionally conditions are conditionally conditions are conditionally conditions.	HOSPITAL: 1 Inpatient ERV 28a. DATE OF INJU (Month, Day, Ye building, etc. (/Outpetlant 3 (Specify)	DOA 28b. TIMU	26. PL OTHER: 4 Nursing Nom E OF URY M 28c. NUT WO 1 1	ACE OF DEATN (Ch e 5 Residence URY AT RK7 /ES 2 NO a and place, and due eath occured at the	eck only one) 8 Other (Specify) 26d. DESCRIBE NOW II 28f. LOCATION (Street City or Town, State) to the cause(a) and mer time, date and place, an	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO RED RURAL Route Number, ause(a) and menner as stated.
ATTINDING PHYSICIAN: The law requires that the death of ELIOR: After this certificate has been signed by the attending the death with the State Dept. of Health and Mental hy the marked, or Item 23 shows any injury, or	ETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions and the second secon	Dona contributing to dee C C C C C C C C C C C C C C C C C C	/Outpetlant 3 (/Outpetlant 3	DOA 26b. TIMU to, farm, a	26. PL 26. PL OTHER: 4 Nursing Nom E OF 28c. INJ WO 1 1 1 1 1 1 1 1 1	ACE OF DEATN (Ch. 5 Rasidence URY AT RK7 /ES 2 NO a and placa, and due	eck only one) 8 Other (Specify) 26d. DESCRIBE NOW II 28f. LOCATION (Street City or Town, State) to the cause(a) and mer time, date and place, an	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO



3. TIME OF DEATH

white

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

6:20 PM

2. DATE OF DEATH MONTH DAY

Jan. 10,1995

		4. SOCIAL SECURITY NUMBER 220-38-0281	5. SEX 8.	AGE (In yrs. Is	-	IF UNDER 1		IF UNDER 24 HRS.	7. DATE OF (Month, De	ny, Ybar)		Country)	ACE (State or Foreign
3 should	œ	9a. FACILITY NAME (H not institution, give of Meridian Herita	street end number)		- 1	9b. CITY, T		LOCATION OF DE		2–31		TY OF DEAT	
ci.	6	RESIDENCE OF DECEDENT	ige Milistric	Tione	me Dundalk							Balti	more
permit. Pages 1,	DIRECTOR	MD 10a. STATE 10b. COUNT	Harford	1	10c. CITY,	TOWN OR		ewood				1	d. INSIDE CITY LIMITS?
- TS	FUNERAL	630 Longwood Ct			101. ZIP CODE 21040						10g. CITIZI	EN OF WHA	T COUNTRY?
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit notified at once.	ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, OIVE WAR	YES 2	RMED NO	If y		DENT OF HISPAN fy Cuben, Mexicar NO Specify.	, Puerto Rica		or No— 1	I4. RACE — Black, W Specify:	American Indian, Thite, atc.
121: r atter use a	TED	15. DECEDENT'S EDU (Specify only highest grade	(1	ECEDENT'S U	rk done dur	UPATION ring most o	of working	16b, KIN	ID OF BUS	INESS/INDU	STRY		
YLAND 2121 by the hospital or attr be detached for use at once.	COMPLETED	Elementary/Secondary (0-12)		Homemaker					(own Ho	ome_		
YLAN d by the hos d be detach d at once.	SE CO	17. FATHER'S NAME (First, Middle, Last) I.ewis Bittinger		te. MOTHER'S NAME (First, Middle, Ida Wiley					ie, Meiden S	Surneme)			
6)	TO BE	19a. INFORMANT'S NAME (Type/Print) Rella F. Sible	19	1852	Jon	Street end	Number or Rural R Edgewo	ood, M	City or Town D 21	State, Zip 0 .040	lode)		
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be a		20e. METHOD OF DISPOSITION 1 □ Burlal 2 □ Cremation 3 □ Rem 4 □ Denation 5 □ Other (Specify)	20b. PLACE cemetery. cr	PLACE AND DATE OF DISPOSITION (Name of DATE OF						LOCATION — City or Town, State Catonsville, MI)			
		21. BIOHATISHE OF FUNERAL SERVICE LIST	lly		22. NA	WE AND	ADDRESS OF FAC 1/Roseda Chesacc	ile Fu					
withing hours at withing in by cremation, or removed the medical medical ways.		23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or respiratory arrest about, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									at,	Approximate interval Betwee Onset and Dec	
P.O. BOX 68 th certificate be exect bridging physician and all Hygiene prior to but or other traumati	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Coronary Artery Disease DUE TO (OR AS A CONSEQUENCE OF): Cerebrovascular Accident Old DUE TO (OR AS A CONSEQUENCE OF): Bilateral Carotid Stenosis											
RDS, Post the death by the atter and Merital by finjury, or		PART II. Other aignificant condition	s contributing to de	ath but not	resulting in	the unde	erlying c	ause given in I	Part I. 24	. WAS AN A			RE AUTOPSY FINDING
Signed Health	EDIC	Hypercholes Depression	terolemia						_ 10	YES 2		COI OF	MPLETION OF CAUSE DEATH? YES 2 NO
	ä	DID TOBACCO USE CONT	RIBUTE TO CAUS	SE OF DE	ATH YES	X NO	0 🗆	UNCERTAIN				''	_ 1E3 2 _ NO
→ 年 申 日 重	PHYSICIAN: MEDICAL	28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		CE OF DEATH	OTHER:		5 - Residence 1	B ☐ Other (Sp	pec/fy)			
O % H B W	BY PH	27. MANNER OF DEATH 1 Netural 8 Pending Investigation	28e. DATE OF IN. (Month, Dey,	JURY Year)	20b. TIME INJU	OF 26	Bc. INJURY WORK	Y AT	28d. DESCRI		JURY OCCU	RED	
OF STENDING OF STENDING OF STENDING OF STENDING	ETED B	3 Suicide 6 Could not be determined	28e. PLACE OF II building, atc	NJURY — At h . (Specify)	ome, farm, str	eet, tectory	y, office		26f. LOCATIO City or To	N (Street ar wn, State)	nd Number or	Rural Route	Number,
	COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSI	CIAN: To the best of my										
TO THE CSP TO THE BUNN THE BEACHTON	BE	29b. ATURE O PLANE ENTINE	1	ding P				oc. LICENSE NUM D14160	BER	piace, end			d menner ee stated.
	2	30. NAME AND ADDRESS OF PERSON WH Harjit Singh, M.	D. 5410-	A Ritc	M 27) (Type, F hie H	ighwa	y B	Baltimor	e, Md.	. 212	25		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

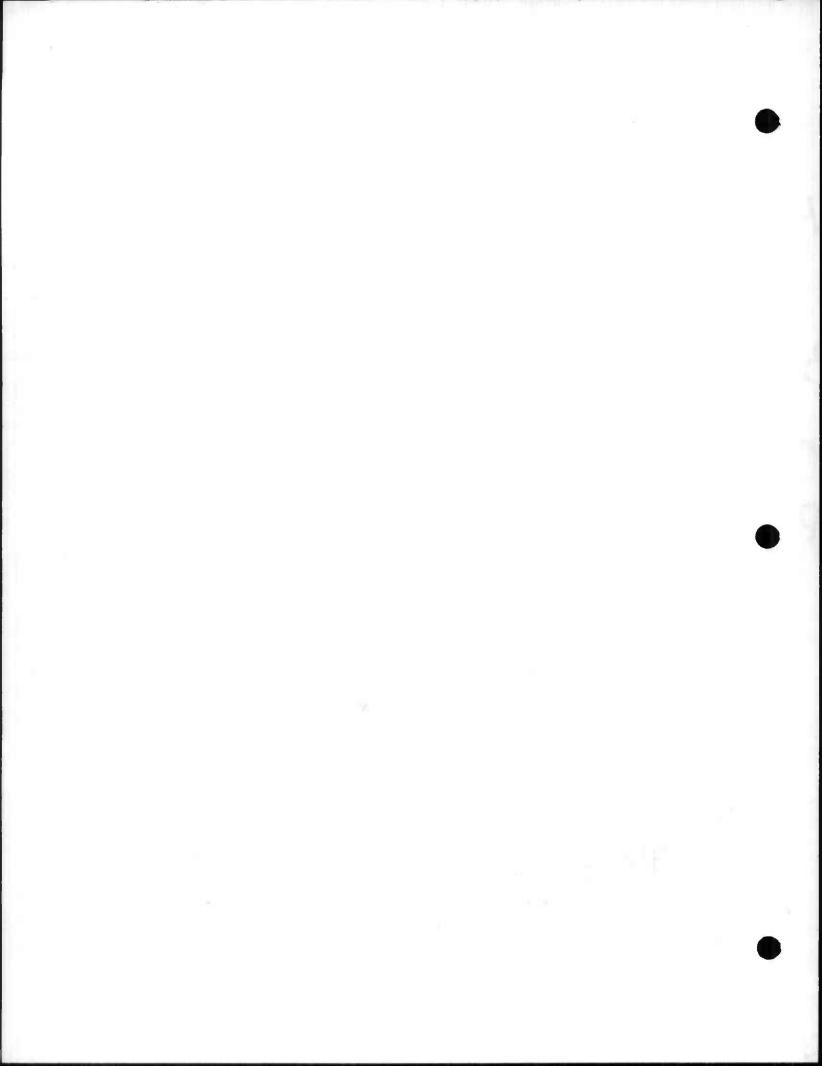
BOULDEN

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

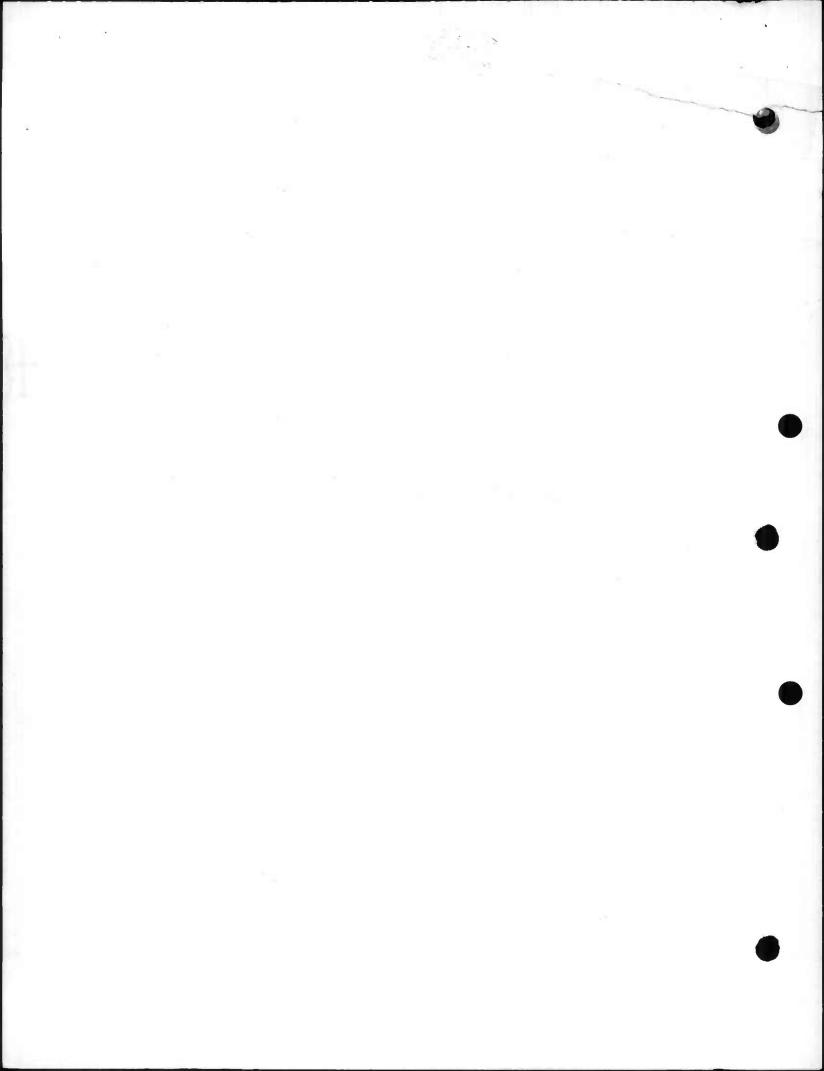
MARY.

JAN 1 1 1995



DHMH-18 Rev 1/89

	1 - STATE REGISTRAR	STATE OF MAP	RYLAND C	/ DEPART	MENT OF	HEALTH AND	MENT	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) OLIVIA 4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. li	ast birthday)	BAR	NHILL IF UNDER 24 HRS.	JI	E OF DEATH	AY 19	YEAR	3. TIME OF DEATH
1	215-09-4696 9a. FACILITY NAME (If not institution, give	1 M 2 X F	82	YRS.	9b. CITY, TOW	HOURS MIN.	Apr	il 28,		Country)	land
CTOR	Northwest Hospita	1 Center			Ran	dallstown	1		Bal	timo	re
L DIRECTOR	Maryland 100. STREET AND NUMBER	y Baltimore		10c. CITY	, TOWN OR LOC		earn	1	140 01717	1	Od. INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	3623 Landbeck F	Road				1200	207				tates
Β¥	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (YES 2 K	ARMED ANO	If you,	ECENDENT OF HISP/ specify Cuban, Maxic ES 2 NO Spec	en, Puerte				
LETED	15. DECEDENT'S EDI (Specify only highest gradi Elamentary/Secondary (0-12)		- (DECEDENT'S I (Give kind of w ife. Do NOT use	JSUAL OCCUPA ork done during in retired.)	TION most of working		Price's			
COMPL	8th 17. FATHER'S NAME (First, Middle, Last)	-		Waiti	ress	18. MOTHER'S N	_				
ш	, , , , , , , , , , , , , , , , , , , ,	Joseph Go	dman			IS. MOTHER S R		sabelle		ley.	
TO B	19a. INFORMANT'S NAME (Type/Print) Nancy Trott		16	96. MAILING 5215 W	. Hemlo	ock Dr. S	ykes	mber City or Tow Ville,	m, Statu, Zip MD 2	1784	
	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City or Town, Stata 2 Cremetion 3 Ramoval from Stata 2 Cremetion 3 Ramoval from Stata 2 Commetted State 2 Commetted St										
Ġ	Loring Byers Funeral Directors, INC. 8728 Liberty Rd Randallstown, MD 21133-478										
NOI	shock, or haert fallure. List only one ceuse on each lina. IMMEDIATE CAUSE (Fine) Onset and										Approximate interval Between Onset and Das
CERTIFICATIO	If amy, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
MEDICAL C	PART II. Other significant condition	na contributing to daa	ith but not	reaulting is	n tha undarly	ng cause given in	Part I.	24a. WAS AN PERFOR	RMED?	C	VERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
IAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSI			NO III (Check only on		IN M				
YSICI	1 YES 2 ONO	HOSPITAL:	/Outpatient		OTHER: 4 - Nursing He	ome 5 - Residence	8 🗆 Ott	ner (Specify)			
ВУ РН	27. MANNER OF DEATH 1-2 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye	bar)	28b. TIME INJU	M 1	NJURY AT YORK? YES 2 NO	28d. Di	ESCRIBE HOW I	NJURY OCC	JRED	
8	3 Suicida 8 Could not be 4 Homicide datarminad	28a. PLACE OF IN. building, etc.	JURY — At h (Specify)	noma, farm, st	reet, factory, of	lica		CATION (Street a y or Town, State)		or Rural Rou	ite Number,
OMPLET	and a	ICIAN: To the best of my I									ind manner as stated.
D BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE	A Muin	lus)	-	29c. LICENSE NU	IMBER 733	3		SIGNED (A	Aonth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF		EM 27) (Type,	Print) BAL	TO- 6	40	2113	3		··
	31. DATE FILED (Month, Day, Year)	Alia Diwalian	Karda	Ц							



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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with closes after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt, of Health and Mental Hydrene prior to burial, cremation, or removal.	POHTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Is	TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State De	M.POHTANT: If item 28 is marked, or item 2

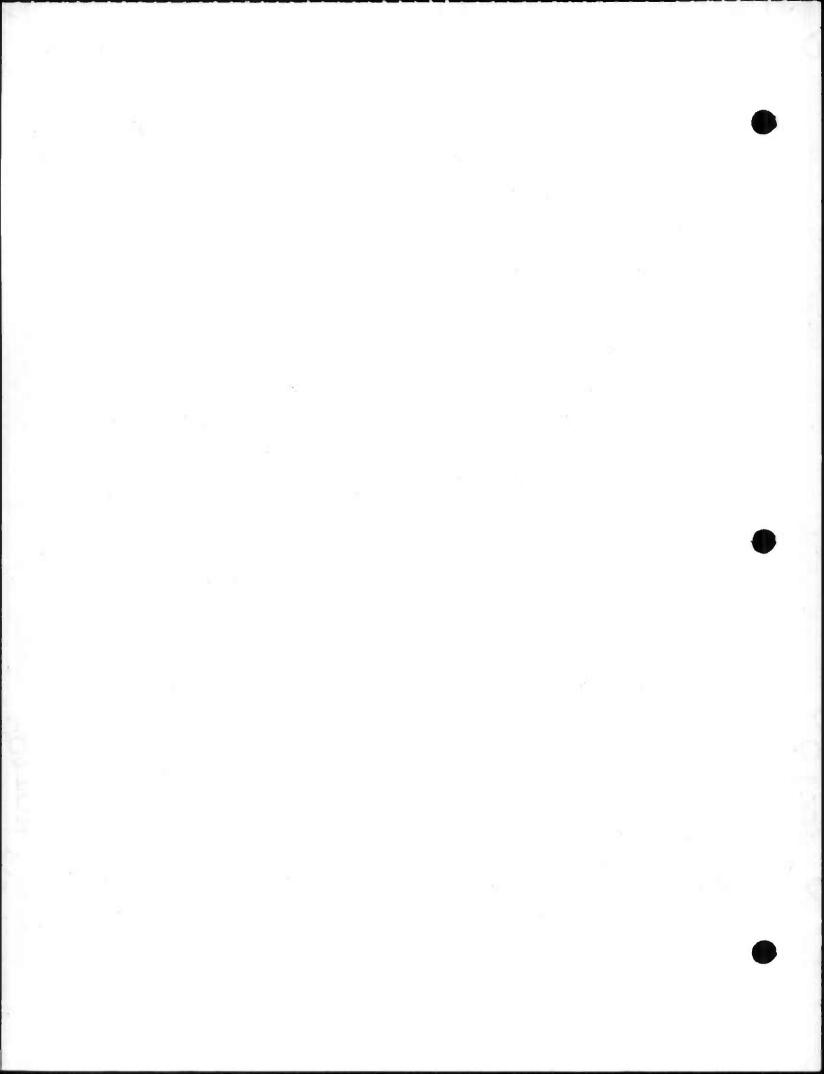
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	FOR 1 - STATE REGISTRAR	STATE OF MAR				HEALTH AND F DEATH	MENTAL HYG			
	1. DECEOENT'S NAME (First, Middle, Last)						2. DATE OF DEAT			3. TIME OF OEATH
	Mary E.M. DC.	5					MONTH _	y 9,1	ONEAR.	3:55 PM
		. SEX 6. /	AGE (In yrs, last b	(ethelms)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		173	9.
				YRS.	MONTHS DAYS		(Month, Day, Yei	er)	Country	
- 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		75	Tho.			MAR. 12,	1919	BRUSI	Y FORK, VA.
_	9a. FACILITY NAME (If not institution, give street	t end number)	2 4		96. CITY, TOW	OR LOCATION OF E	DEATH	9c. CO	UNTY OF DE	EATH
6	Union Memor	al Ho	Spitul		Balt	more	City			
DIRECTOR	RESIDENCE OF DECEDENT									
2				10c. CITY	Y, TOWN OR LO	ATION	1			10d. INSIDE CITY LIMITS?
- 1	MARYLAND				BA	LTIMORE				1 YES 2 NO
4	10e. STREET AND NUMBER					IOI. ZIP CODE		10g. CI	TIZEN OF W	HAT COUNTRY?
E	345 S. SMALLWOOD ST	TREET				2122	23		U.S.	Α.
FUNERAL	11. MARITAL STATUS 12	2. WAS DECEDENT EV	ER IN U.S. ARME	0			NIC ORIGIN? (Specif		_	- American Indian, White, etc.
	1 Never Merried 2 Merried	FORCES? 1 []	YES 2 NO		If yes,	specify Cuben, Mexic S 2 NO Speci	an, Puerto Rican, etc	.)	Black, Specifi	
B	3 🔀 Widowed 4 🗌 Divorced				1	X	··y.		Specif	WHITE
	15. DECEDENT'S EDUCAT		18e. DECE	DENT'S	USUAL OCCUPA	TION	16b. KINO OF	BUSINESS/II	NDUSTRY	WILLIE
	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5 +)	(Give	kind of w o NOT us	vork done during a retired.)	nost of working				
2	12TH GRADE	romage (1-4 or 5 +)		HON	MEMAKER		0	WN HOM	1E	
COMPL	17. FATHER'S NAME (First, Middle, Last)					18 MOTHER'S N	AME (First, Middle, Me			
	JAMES POWELL						BLANKEN			
B	19e. INFORMANT'S NAME (Type/Print)									
9							Route Number, City of			01000
	MISS. JANET SEEM		34	5 5.	SMALL	WOOD STRE	EET - BAL	TIMORE	, MD	21223
- 1	209, METHOD OF OISPOSITION 1 (A Buriel 2 Cremetion 3 Remove	I from State	20b. PLACE ANI cemetery, crema		PER PROPERTY OF THE PROPERTY O	Name of	OATE 200	LOCATION -	- City or Tov	vn, State
- 1	4 Donetion 5 Other (Specify)					RIAL PARE	1/12	ELKRID	GE	
- 1	21. SIGNATURE OF PUNERAL SERVICE LICEN	SEE)	1-			AND AGORESS OF F				
	Nouin P	X -11					AL HOME,			
\dashv	Pa PART I Enter the disease	mera		_	4107	WILKENS A	AVENUE-BA	LTIMOF	E, MI	
	23. PART i. Enter the diseeses, or com shock, or heart failura. Lia	t only one ceuse	on aach lina.	n. Do n	ot enter the r	ioda of dyling, au-	ch as cerdiac or r	eepiratory a	rreat,	Approximata Interval Batween
	IMMEDIATE CAUSE (Finel	. /			A 1	1				Onset and Death
	disease or condition resulting in death)	cm	once	- 0	rele	class	1			Sdays
		DUE TO (OR	AS A CONSEQU	ENCE OF						1
z										
2	Sequentially list conditions, if any, leading to immediate	OUE TO (OR	AS A CONSEQUE	ENCE OF	7:					
HIFICATION	cause. Enter UNDERLYING									
	CAUSE (Disease or Injury that initiated evente	DUE TO (OR	AS A CONSEQUE	ENCE OF	7):			1		
=	reaulting in death) LAST									
5										
4	PART II. Other algnificent conditions of			uiting i	n the underly	ng cause given in	Part i. 24s. WA	S AN AUTOPSY	/ 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL	CV+, demen	Ma. U	PW (0	PD			S 2 M NO		COMPLETION OF CAUSE
		/	1					N. C.		OF DEATH?
	DID TORACCO LISE CONTRIB	LITE TO CALIS	E OE DEATH	J VE	s M NO	T LINICEDTAL	N D			I TES S NO
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 28. PLACE OF DEATH (Check only one) OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO (Month, Day, Vear)										
<u> </u>	EXAMINER? H	OSPITAL:			OTHER:	=/				
2		Inpetient 2 - ER					8 Other (Specify)			
-	27. MANNER OF DEATH 1 Netural 5 Pending	ILMI	URY	JURY AT ORK?	28d. DESCRIBE H	O YRULNI WC	CCUREO			
0	2 Accident Investigation					YES 2 NO				
3 Suicide 8 Could not be 286. PLACE OF INJURY At home, ferm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number of Rural Route						oute Number,				
4 Homicide determined							-			
MPLE	29e. CERTIFIER Check only	N: To the best of my i	knowledge, death	occum	d at the time d	te end place, and de-	e to the causels) and	manner es	eted	
	(Check only one) 2 MEDICAL EXAMINER: C									and manner on stated
3		A CONTRACTOR OF THE PARTY OF TH								1
H	296. SIGNATURE AND THE OF CERTHFIER	1 -	pro.			29c, LICENSE NU	MBER 1	29d. DA	TE SIGNED	(North, Day, Year)
2	July 101		E			1176	5 +4		1/9/	75

ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Prys)

SMAN, M.D. 29 S. PACAST.

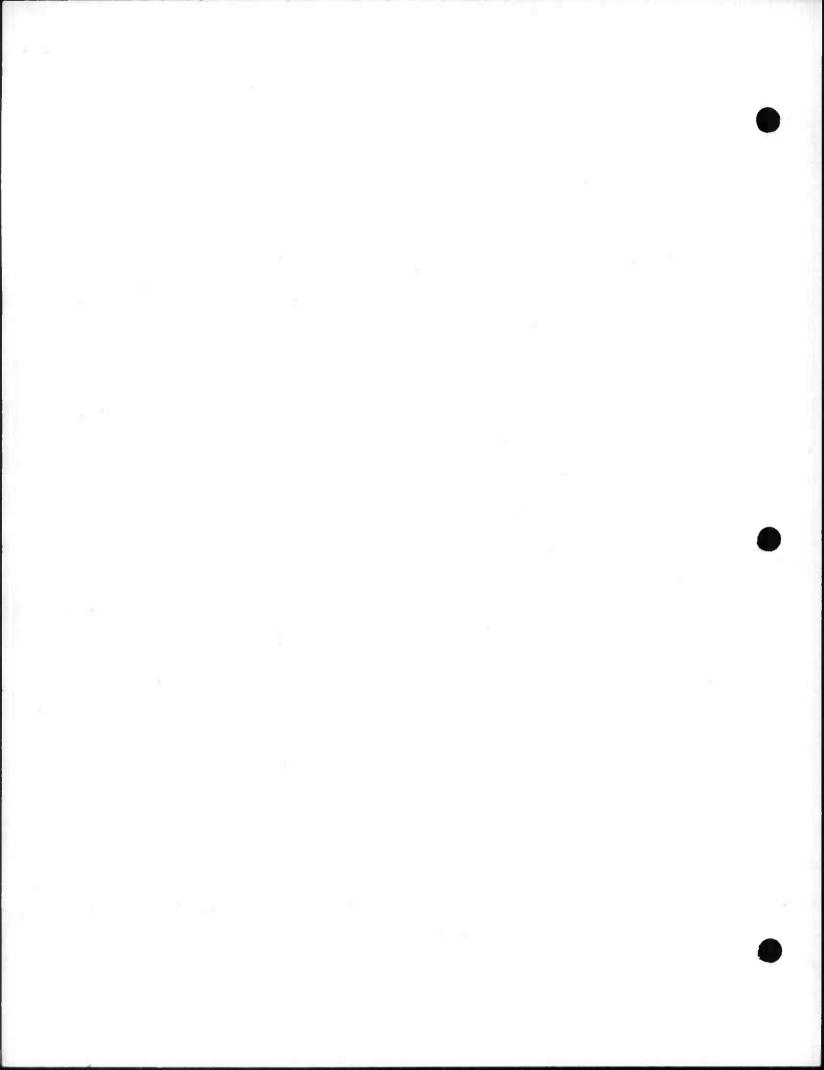
32/ BEGISTRAR'S OGNATURE

JAN II 1995



		REGISTRAR		CERTIF	ICATE O	F DEATH	REG.	NO.		
permit. Pages 1, 2, 3 should		1. DECEDENT'S NAME (First, Middle, Last) OWEN (RALPH)	CROMER, J	IR.			2. DATE OF DEATH MONTH JAN		YEAR .	ME OF DEATH
		4. SOCIAL SECURITY NUMBER 215-30-2749	1 🖫 M 2 🗆 F 59	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea MAY 5,	0.	BIRTHPLACE Country)	E (State or Foreign
	10R	9a. FACILITY NAME (if not institution, give s 1300 GLOSTER AVE				N OR LOCATION OF DI LTIMORE	EATH	9c. COUNTY	Y OF DEATH	
	DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	r	10e. CIT	Y, TOWN OR LO					INSIDE CITY LIMITS? YES 2 \(\) NO
Sit	FUNERAL	1300 GLOSTER AVEN	JE			21230		U.S.	A.	COUNTRY?
215-0020 attending physician. se as the burial-transit	8	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes,	ECENDENT OF HISPAI specify Cuben, Mexica ES 2 NO Specifi	n, Puerto Rican, etc.		Black, White	merican Indian, ia, etc.
- 5 -	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 11TH GRADE		16a. DECEDENT'S (Give kind of a life. Do NOT us CARPEI	work done during se retired.)	TION most of working		BUSINESS/INDUS	ITRY	
YLAND 2. by the hospital or be detached for all once.		17. FATHER'S NAME (First, Middle, Last) OWEN CROMER, SR.		UAICI LI	MILK	and the second s	ME (First, Middle, Mei WHEELER			
be retained to ge 5 should a notified		19a. INFORMANT'S NAME (Type/Frint) MRS. DOROTHY CROMI	ΞR			AVENUE -			212	.30
MORE, ge 6 may be irector, page		20s, METHOD OF DISPOSITION 1 (X Burial 2 Cremation 3 Remote A Donation 5 Other (Specify)		PLACEAND DATE		Name of RIAL PARK	DATE 20c.	LOCATION — CH		ete
BALTIMORE, er death. Page 6 may be the funeral director, page val.		21. SIGNATURE OF FUNERAL SERVICE LIC	BARRET AND THE STREET	7	HUBBA	AND ADDRESS OF FA	L HOME,		• MD	21229
tely filled in by mation, or remo		23. PART T. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only ope ceuse on e	CONSEQUENCE OF	er F	node of dying, suc	h as cardiac or re	epiratory arrest	t,	Approximate Intervel Between Onset and Death
P.O. BOX 68' th certificate be execute tending physician and co all Hyglene prior to buria or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CITTO	0515					
CORD:	MEDICAL		ictive Lun	g Dise	ease		1 PER	AN AUTOPSY FORMED?	COMPI OF DE	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE EATH? YES 2 \(\square\) NO
DIVISION OF VITAL RECEIPT OF ATTENDING PHYSICIAN: The law requestion of the confiners has been after death with the State Dept. of them 28 is marked, or item 23 sho		DID TOBACCO USE CONTR		26. PLACE OF DEAT	TH (Check only on		۷ 🗆			
	PHYSICI	1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outp 28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. f	NJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCUR	REO	
	TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, s		YES 2 NO	281. LOCATION (Street, Street,	net and Number or a	Rural Route No	umber,
	POWNE		CIAN: To the bast of my know							nenner as stated.
1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P	S B O	296. SIGNATURE AND TITLE OF CERTIFIER	(M)			38 G		29d. DATE SI	INED (Month	Day, Year)
		DR. RICHARD J. W.	ALSH - SUITE	100 - 4		KENS AVEN	UE - BAL	rimore,	MD 2	1229
		JAN 1 1 1995 Ju	32 REGISTRAR'S SIGN	Hall						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



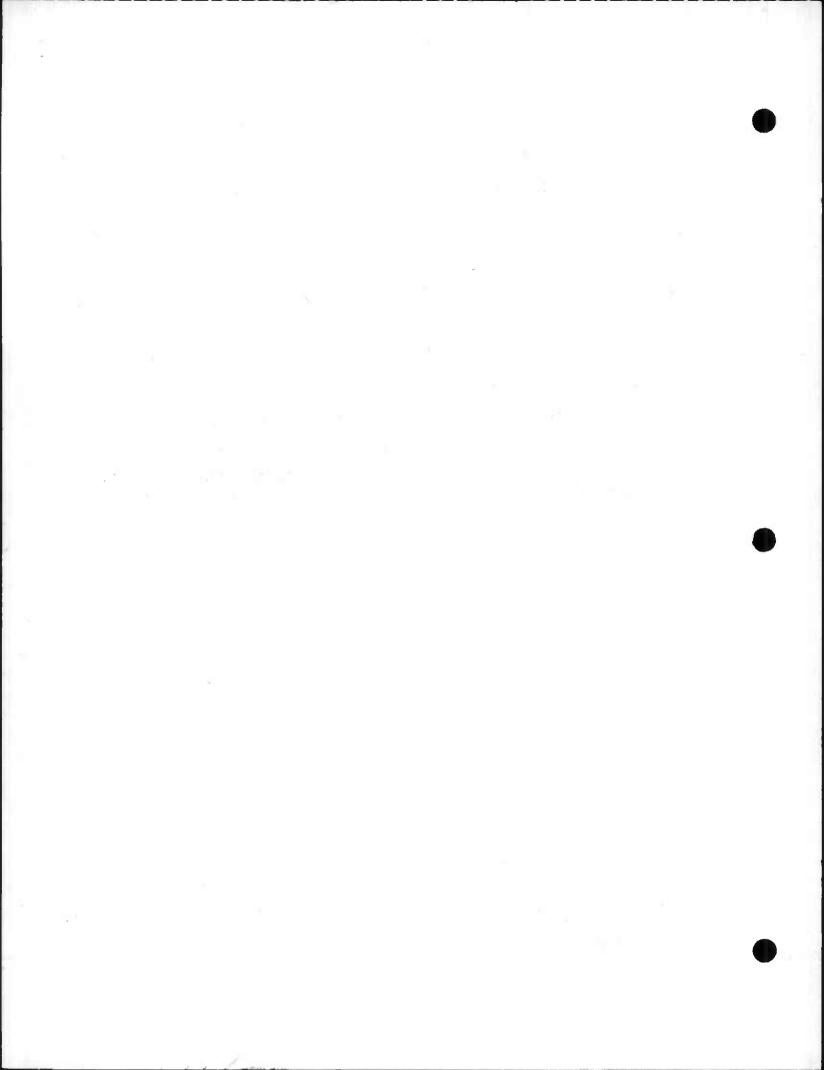
BALTIMORE, MARYLAND 21215-0020	a death restitions he executed within there she death Done & my he exclined by the breath or retained an element
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31. DATE FILED (Month, Day, Year

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Α. 4 23 JOHN LUTHBERTSON 95 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. lest birthday) IF UNDER 1 YEAR IF LINDER 24 HRS 7. DATE OF BURTN B. BIRTHPLACE (State or Foreign 06/15/1931 1 🔀 M 2 🗌 F HOURS 218-28-0404 63 North Carolina Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Johns Hopkins Bayview Medical Cte. DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City 1 XYES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 402 South Bond Street 21231 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2√ NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES II yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 29 NO Specify: 1 Never Married 2 Married Specify: White 1 YES 27 NO BΥ 3 Widowed 4 Divorced the use as t COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY jo Elementary/Secondary (0-12) College (1-4 or 5+) detached G.E.D. Meat Packer Esskav 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Melden Surname) page 5 should be notified at James D. Cuthbertson Nellie P. Norton BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Beth Stevens 853 Williams Street Huntington, Indiana be 20a. METHOD OF DISPOSITION
1 ★ Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must funeral director, Sacred Ht. of Jesus Cem.1/11/95 Donation 5 Other (Specify) Baltimore, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. and / filled in by the fu 7922 Wise Ave. Dundalk, MD the medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one cause on each line. interval Between 0 IMMEDIATE CAUSE (Final Onset and Death cremation, disease or condition MULTIPLE FAILURE completely ORGAN 3 WEEKS or other traumatic event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): and com o burial, SEPSIS BWERKS CERTIFICATION Sequentielly list conditions, prior to l 3 25 if any, leeding to immediate the attending physician Mental Hygiene prior to DEGREE BURNS cause. Entar UNDERLYING 2 mouth CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST PART ii. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY PHYSICIAN: MEDICAL Health and I DIVISION OF VITAL RECORD AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? any 1 TES 2 NO Shows 1 TES 2 NO has been s Dept. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN X OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, (Month, Day, Year) 1 Natural 5 Pending 3° + 4° BURNS 1 YES 2 NO DIRECTOR: After the hours after death v ВҰ Investigation Accident 28a. PLACE OF INJURY --U-Blane. etc. (Specify) Home HELPING UP 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number 49 COMPLETED 6 Could not be BALTIMORE ST 50 4 Homicide determined MISSION Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE 00 05008086-1 2 OEATH (ITEM 27) (Type Print) GREGORY DOPEI

		1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN REG. NO		
		1. DECEDENT'S NAME (First, Middle, Last) Steven Carl	os Chism				2. DATE OF DEATH DO NONTH DO NOTH DO N	*9 9	3. TIME OF DEATH 5 5 A . M
P		4. SOCIAL SECURITY NUMBER 217-84-4324	1 X M 2 □ F 2	(In yrs. last birthday,	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 12-16-1	970	BIRTHPLACE (State or Foreign Country) MARYLAND
, 2, 3 should	ECTOR	9s. FACILITY NAME (If not institution, give submit on Memor Residence of Decement		al		or Location of DE		9c. COUNTY	OF DEATH
DAV physician. burial-transit permit. Pages 1,	DIREC	10a. STATE 10b. COUNT MARYLAND	Y	10c. Cl	BALTI				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ı. ansit permi	FUNERAL	100. STREET AND NUMBER 3711 NORTH ROG	ERS AVE.	-	101	21207			N OF WHAT COUNTRY?
	B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DEC				Black, White, stc. Specify: BLACK
pital or attending	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	JCATION e completed) Cottege (1-4 or 5+)	(Give kind of life. Do NOT	's usual occupation of work done during mouse retired.) PLOYED	ON ost of working	UNEMP		
by the hospital be detached it at once.		17. FATHER'S NAME (First, Middle, Lest) WILLIAM J. B	DOMN SB	O I V and a s	LIOIL		ME (First, Middle, Maiden	Surname)	
retained by 5 should b	TO BE	198. INFORMANT'S NAME (Type/Print) DOROTHY N. CHI				and Number or Rural R	THY N. C.	m, State, Zip Co	
ay be		20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	200	b. PLACE AND DATE	E OF DISPOSITION (Na	ame of		CATION — City	MD. 21207. y or Town, Stats
death. Page funeral dir xaminer		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE		KEEN MC	22. NAME AF HEN1	ND ADDRESS OF FAC		SONS	co.
n certificate be executed with course and physician and completely filled in I hygiene prior to burial, cremation, or ret or other traumatic event, the medi	ERTIFICATION	IMMEDIATE CAUSE (Final	a. PCP DUE TO (OR AS A DUE TO (OR AS A	DNEUH A CONSEQUENCE	ON A OF):	ide of dyling, such	as cardiac or reapi	ratory arrest	t, Approximate Interval Between Onset and Death 14 DAYS
lires that the signed by the tealth and Me	1 25	PART II. Other significant condition	18 contributing to death b	but not reaulting	in the underlying	g cause given in F	Part I. 24s. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 10 NO
has b Dept	AN	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL			TES NO NO ATH (Check only one)				
PHYSICIAN: The this certificate hi with the State i with the State i with the State in them.	IYSICI	EXAMINER? 1 YES 2 N NO 27. MANNER OF DEATH	HOSPITAL: 1 M Inputient 2 ER/Outp			ne 5 🗆 Rseidence 6			
를 통 를 를 등	ву рну	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 N	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCUR	ED
OR ATTENDING PRECTOR: After ours after death	E	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Rural Route Number,
HUSPITAL THE	COMPLE	one) 2 MEDICAL EXAMINE		on snd/or investigati	tion, in my opinion, d	death occured at the t	time, dats and placs, an		ause(s) and menner as stated.
₽ ₽ ₽ ₩	TO BE	296. SIGNATURE AND TITLE OF CERTIFIES APPENDED CO	della Incli	5 N.S		29c. LICENSE NUMI 24389	946 - A9	29d, DATE SI	1N. 9, 1995
_			10 COMPLETED CAUSE OF DE	EATH (ITEM 27) (Typ)		1 I lairon	bréital	Bal	to md.
		JAN 1 1 1995	32. REGISTRAR'S SIGN						



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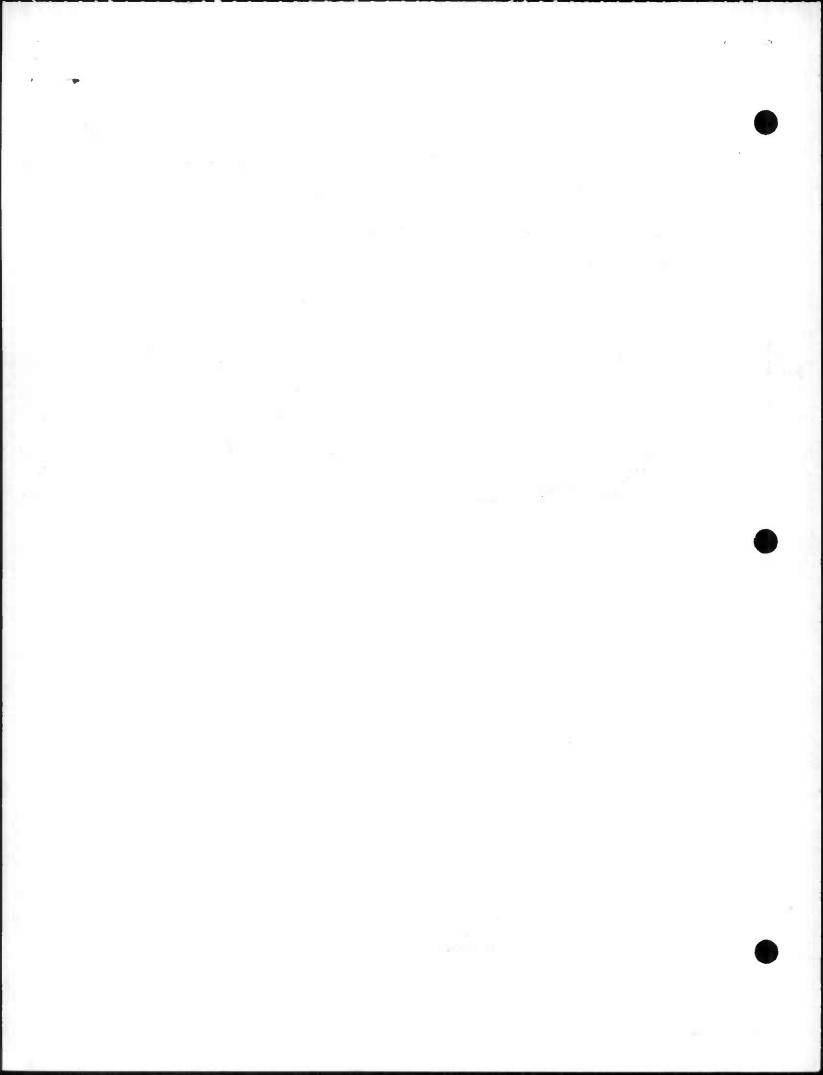
Pages 1, 2, 3 should permit. Page 6 may be retained by the hospital or attending physician. al director, page 5 should be detached for use as the burial-transit use as the notified at once. be must medicai examiner the funeral within 24 hours after death. filled in by 0 the cremation, and completely fi burial, cremation other traumatic event, prior 6 Mental shows any injury, has been signed by Dept. of Health and 23 State certificate the 6 with t is marked, DIRECTOR: After the MITENDING 200 Æ

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 5 herman YEAR Thomas 9VINCSS 8:33 M 995 TANUARY 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign 1 M 2 F DAYS HOURS April 22, 1921 North arolina 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore DIRECTOR 0101 Center PESIDENCE OF 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1+1more ansdowne 1 - YES 2 000 FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Ryerson Circle 21227 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American India: Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married BY 3 Widowed 4 Divorced white ED 15. DECEDENT'S EDUCATION t6a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Щ Elementary/Secondary (0-12) College (1-4 or 5+) lothcutter garment COMPL 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Malden Surname) Daniel Iron aviness BE 19a, INFORMANT'S NAME (Type/Print) 106 MAILING AOORESS (Street 2 Sandina Rverson Circle, Lansdowne, MD 21227 20a. METHOD OF OISPOSITION OATE 200. LOCATION - City or Town, State
1/10 Brooklyn Brk, Maryland 20b. PLACE AND DATE OF DISPOSITION (Name of Burial 2 - Cremation emetery, crematory or other place)
eaar Hill Cemetery . 22. NAME AND ADDRESS OF FACILITY Ambrose F. H. of Landowne 2719 Hammonds Fry. Rd. Lansdaune, MD 21227 G 23. PART I. Enter the diseases, or complications that ceueed the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heert failure. List only one ceuse on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Dasth disease or condition DUE TO (OR AS A CONSEQUENCE OF): 3 years reculting in death) HEART 15chanic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceues given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 (NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | YES 2 | NO 1 Dempatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 😭 Natural 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 T CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEOICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(a) and manner as stated. BE

29h. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 08182 95 01 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6 Borwit ST. Paul Place Battimore, MD 21202 Scott 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

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JERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

If I lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTA	L HYGIEN	E			
200000	1. DECEDENT'S NAME (First, Middle, Last)	Robert Lee	Cole,	Sr.		MONT	OF DEATH 64		EAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-20-4441	1 🔀 M 2 🗆 F	(In yrs. last birthday) 86 vrs.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont)	OF BIRTH 1, Day, Year) 4-19(6.	Country	PLACE (State or Foreign Virginia	
TOR	98. FACILITY NAME (If not institution, give so Home, 3506 Rola RESIDENCE OF DECEDENT				imore	EATH		9c. COUNTY	OF DE	АТН	
DIRECTOR	10a. STATE 10b. COUNTY Maryland		10c, CI	TY, TOWN OR LOCAT	imore			10d. INSIDE CITY LIMITS? 11 7 7 8 2 \(\text{N} \) NO			
FUNERAL	100. STREET AND NUMBER 3506 Rolar	nd Avenue		101, ZIP CODE 10g, CITIZEN U						HAT COUNTRY?	
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Maxican, Puarto Rican, etc.) 1 YES 2 FNO Specify:						American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	I'S USUAL OCCUPATION of work done during most of working use retired.) MED No. 2.					t & Bolt Co.				
OME	17. FATHER'S NAME (First, Middle, Last)	nist	18. MOTHER'S NA				OIC				
BE (Nathaniel Co.				Crawfo						
임	198. INFORMANT'S NAME (Type/Print) 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3506 Roland Avenue Baltimore, MD								21211		
	20a. METHOD OF DISPOSITION 1 OATE 20b. PLACE AND DATE OF DISPOSITION (Name of Commetted 2 of Commetted 3 of C										
	21. SIGNATURE OF FUNERAL SERVICE UCENSEE 22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 3631 Falls Road Balto., MD 21211										
	IMMEDIATE CAUSE (Final	a. Out To (OR AS A	ach line.	, ,	į.	h es cerc	llec or respi	ratory arrest	7	Approximata Interval Between Onset and Daath	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other eignificent condition	e contributing to death b	ut not resulting	in the underlying	g cause given in	Part I.	24s. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN:	DID TOBACCO USE CONTR				UNCERTAIN	V 🗆					
SICI	EXAMINER?	HOSPITAL:		TH (Check only one) OTHER: 4 Nursing Hom	• 5 Residence	6 □ Othe	r (Specify)	 -			
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, T/A	RE OF 28c. INJ JURY WO	URY AT RK?		CRIBE HOW IN	JURY OCCUR	EO		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	M 1 1		28f. LOC.	ATION (Street a or Town, State)	nd Number or	Rural Ro	oute Number,	
COMPLETED		CIAN: To the best of my knowl							ause(a)	and manner as steted.	
O-BE C	296. SIGNATURE AND TITLE OF CENTIFIER	7 () rau	ul		D 230	76		29d. DATE S	GNED (Month, Day, Year)	
F	30. WHE AND AGORESS OF PERSON WHO	mond	3730	Falls	Rd 3	salk	0,7	Nd.	21.	211	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE								

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. De filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

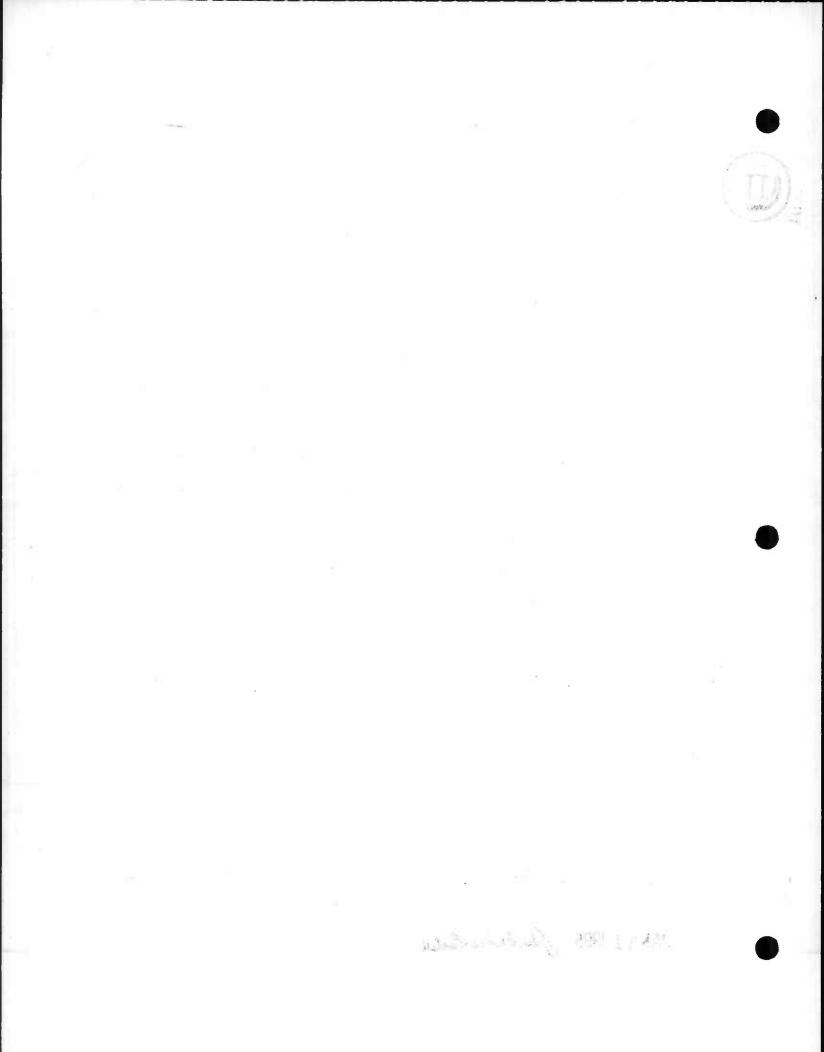
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		IARYLAND /	RTIFIC	CATE OF		REG. NO.	lan .		
1. OECEDENT'S NAME (First, Middle, La	ist)	- OL		DAIL OI	DEATH	2. DATE OF DEATH		T.	
CLARA	ELIZABETH		D	ΙX		JAN .02	z , 1	995	6:35AM M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP	LACE (State or Foreign
212-28-3642	1 🗆 M 2 🔀 F	83	YRS.	IONTHS DAYS	HOURS MIN.	ot. 6, 19]	10 l	Penns	sylvania
9e. FACILITY NAME (If not Institution, gir	ve street and number)			9b. CITY, TOWN	R LOCATION OF OR			NTY OF DE	
Stella Maris			F	Towson			Bal.	timo	
RESIDENCE OF DECEDENT				LOWBOIL			Dal	CIMO	Le
10e. STATE 10b. COU	INTY		10c. CITY,	TOWN OR LOCA	ION				10d. INSIDE CITY LIMITS?
Maryland B	altimore		Bal	Ltimore				- 1	T YES 2 NO
100. STREET AND NUMBER				10	. ZIP CODE		10g. CITI	ZEN OF WH	IAT COUNTRY?
3746 Proctor	Lane				21236		US	A	
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARM	MED	13. WAS OED	ENDENT OF HISPAN	NIC ORIGIN? (Specify Yee	or No-	14. RACE -	- American Indian,
1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	0		2 X NO Specify	n, Puerto Rican, etc.)		Specify	White, etc.
White									
15. DECEDENT'S E (Specify only highest gr		(Gh	ve kind of wo	SUAL OCCUPATE		16b. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Do NOT use	,					
8 yrs.		Sal	es La	ıdy		Retail			
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maiden :	Surneme)		
Charles	Freed				Lucy		Yak	0	
19e. INFORMANT'S NAME (Type/Print)		19b	MAILING A	OORESS (Street		Route Number, City or Town			
Joseph F. Dix		37	46 Pr	octor 1	ane Bal	timore, Md	21	236	
20a. METHOD OF DISPOSITION				DISPOSITION (No				City or Tow	n. State
1 N Buriet 2 □ Cremetion 3 □ R 4 □ Donatton 5 □ Other (Specify) _	emoval from State	cematary, cren	natory or othe	ar placa)	ry 1/5/9	100			
21. SIGNATURE OF PONERAL SERVICE	LICENSO	Draia	Kiuge		ID ADDRESS OF FA		lmor		ryland
5-11	4/1								0 York Road
Carl	L. Iana	anc.		Ruck 1	OWSON Fr	neral Home	. Tn	C. TOW	Son Md
23. PART I. Enter the diseases	7				.Owboll I c	ATTOTAL TIONIC	. /	0 . 104	DOIL/LEG.
	or complicationa/that	sused the dea	ith. Do no						Approximata
shock, Dr heart felfu	or complications the re. List only one	used the dea on each line.	nth. Do no			h as cardiac or respir			Approximata intarvsi Batween
shock, or heart felius iMMEDIATE CAUSE (Final	re. List only one of	ie on each lina.		t antar tha mo	da of dying, auc	h se cardiac or respir			Approximata interval Batween Onset and Death
shock, Dr heart felfu	re. List only one of	ie on each lina.		t antar tha mo	da of dying, auc	h se cardiac or reapir			Approximata interval Batween Onset and Death
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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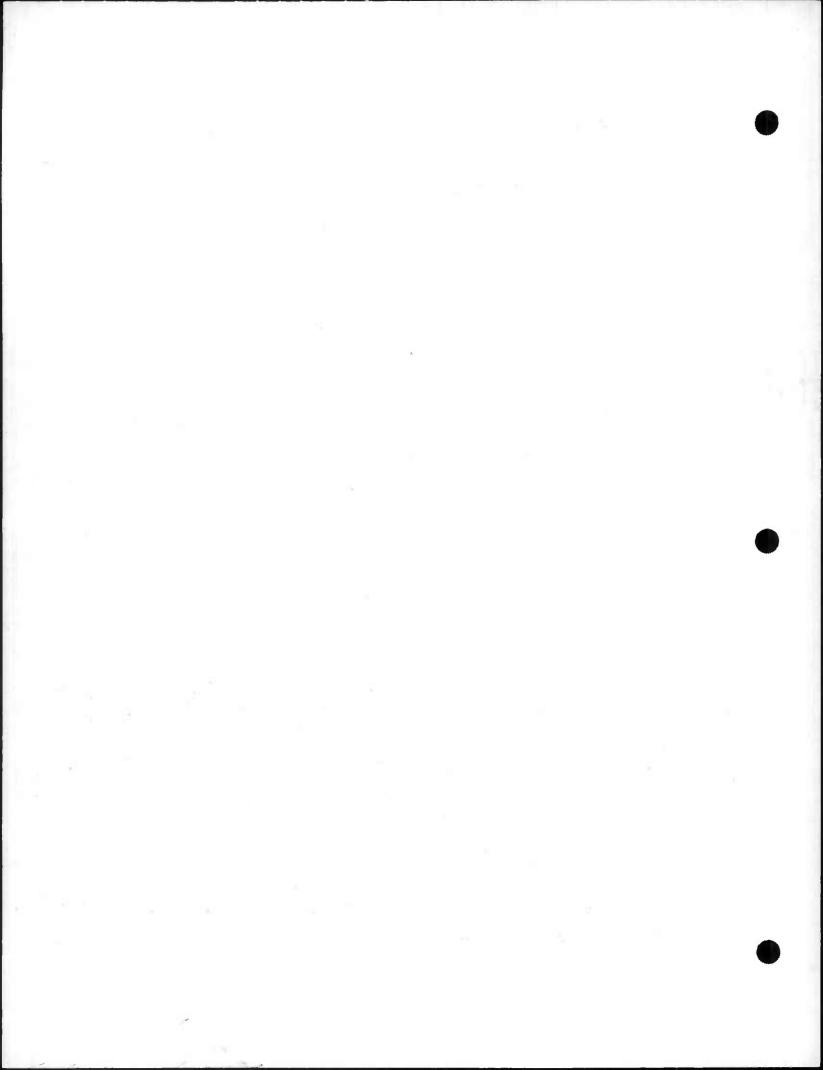
1 1995

hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR JAMES A.DUVALL 95 1050A JAN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. MONTHS DAYS HOURS 1 X M 2 - F YRS. 214-40-0729 50 August 16, Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 505 SOUTH LONGWOOD STREET BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 16c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Health and Mental Hygiene prior to burial, cremation, or removal. 505 South Longwood St. 21223 **USA** 12. WAS DECEDENT EVER IN U.S. ARMEO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Roofer 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at James DuVall Mildred DuVall 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Barbara A. DuVall Longwood St., Balto. 505 S. , Md. 2 20a, METHOD OF DISPOSITION
1 A Burlet 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 1/06 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must elery, crematory or other place)
Mt. Zion Cemetery Baltimore, Md. examiner 21. SIGNATURE OF EVINERAL SERVICE LICENSÉ 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home of Elk., Inc. amen 5695 Main St., Elkridge, Md. 21227 23. PART i. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart full ure. List only one cause on each line. medical **Approximate** interval Batween IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition Peritonitis event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF) 6 other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST 6 shows any injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO TES 2 | NO this certificate has been with the State Dept. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1XXES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 28b. TIME OF INJURY 28d. OESCRIBE HOW INJURY OCCUREO 1 Natural М 1 YES 2 NO DRECTOR; After the normal after death w BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, streat, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Bural Route Number, City or Town, State) 6 Could not be MPLETED 4 Homicide g 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL within 72 h TO THE HOSPITAL
TO THE FUNERAL
De filed within 72
IMPORTANT: N HOSPITAL 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, Year)

JAN. 03/95 29c. LICENSE NUMBER W O.C.M.E. 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 awid Powler-31. DATE FILED (Month, Day, 32 REGISTRAR'S SIGNATURE

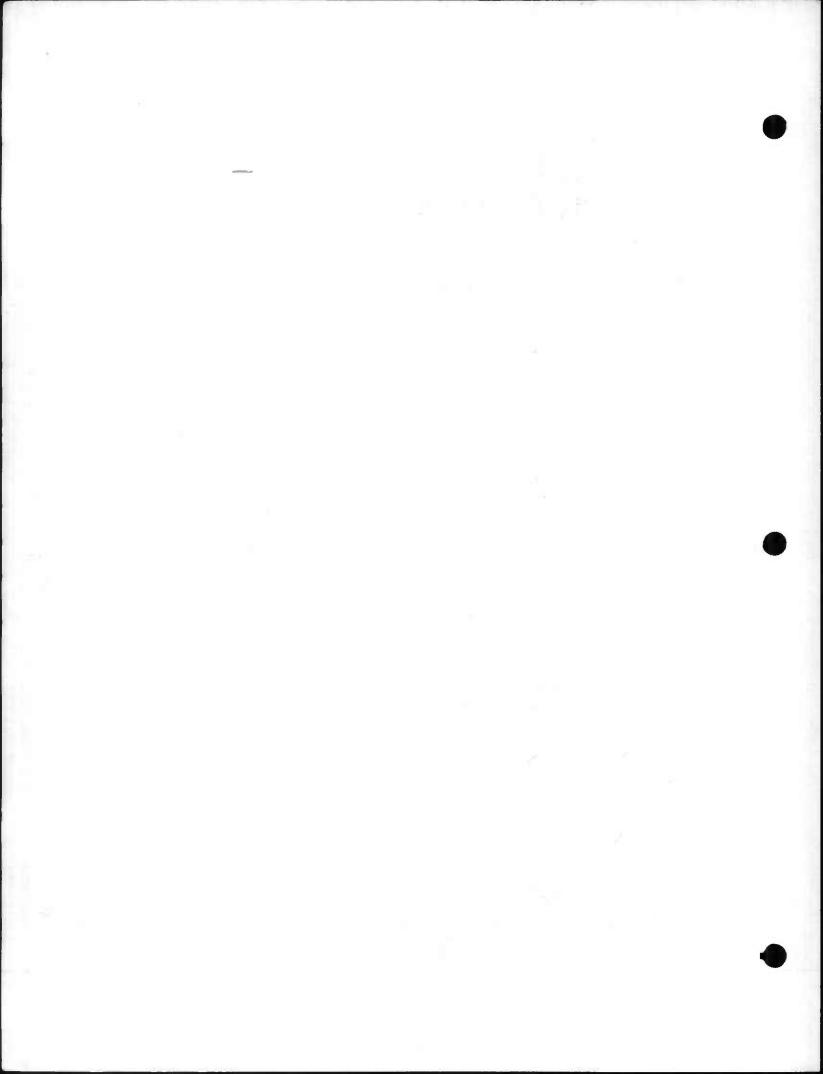
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH EDWARD E. DAVIS
4. SOCIAL SECURITY NUMBER Sr 01-01-95 0605 5 SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 Q M 2 D F 44 YRS. 212-48-2252 Maryland 08 - 23 - 50director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Maryland Corectional Inst. - Hagerstown Washington Hagerstown 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 71P CODE 19g. CITIZEN OF WHAT COUNTRY? 212 S. Gilmor St 21223 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 2 NO 1 Never Married 2 Married BY 1 TES 2V NO Specify 3 Widowed 4 Microsof white COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highs entery/Secondary (0-12) College (1-4 or 5+) 12 Installer Aluminum Sidina notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Davis Ethel Flower BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 John E. Johnson 29303 Corbin Pkwy., Easton, Md. pe 20a. METHOD OF DISPOSITION
1 M Buriel 2 Cremation 3
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Mt. Zion Cemetery 1/06 Baltimore, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY the funeral Gary L. Kaufman Funeral Home of Elk., Inc. 12427 5695 Main St., Flkridge, Md. removal medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sach line. has been signed by the attending physician and completely filled in by. Dept. of Health and Mental Hygiene prior to burial, cremation, or remo Approximate interval Between Onset and Death IMMEDIATE CAUSE (Final traumatic event, the disease or condition turne Prote resulting in death) executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) 2425 MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other t DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 141 HOSPITAL OR ATTENDING PHYSICIAN: The law 23 0 m 12 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) item FUNERAL DIRECTOR: After this certificate I within 72 hours after death with the State I EXAMINER? HOSPITAL: OTHER: 5 - Residence 6 - Other (Specify) 4 Nurs 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 24d. DESCRIBE HOW INJURY OCCURED marked, Natural 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Flural Route Number, City or Town, State) COMPLETED 6 Could not be Item 28 4 Homicide CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. MPORTANT: If 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year, BE 를 보고 00 OTU 5 223 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print 746 Ha perstown 60 08 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



TO THE HIGHER OF THE INDING PHYSICIAN: The law requires that the death certificate be executed with the most office of the highest of the highest of the highest permit. Pages 1, 2, 3 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

_	TIEGIOTTIAN		- OI	-11111	CAIL	OF I	DEAT	п	н	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF E	DEATH DA	Y	YEAR	3. TIME OF DEATH
	Doris Ann Dic	_							Januar	y 1,	199		11:00 A. M
	The second secon	5. SEX	6. AGE (In yrs. les		MONTHS D	_	IF UNDER 2	MIN.	7. DATE OF B (Month, De)			8. BIRTH Countr	IPLACE (State or Foreign
		1 ☐ M 2 🂢 F	68	YRS.			noons		July 2		926		ryland
	9a. FACILITY NAME (If not institution, give stre	•			96. CITY, TO	WN OR	LOCATIO	N OF DEA	TH		9c. COU	INTY OF O	EATH
DIRECTOR	1308 Chapel H:	ill Driv	e		I	Bal:	timo	re			Ва	altim	ore
[[RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			I soc CITY	TOWN OR L	OCATIO	ON						
E		timore		Toc. Cit	, IOWN ON E		ltim	ore					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	CIMOIC					ZIP CODE	016			40 01		1 TYES 2 NO
FUNERAL	1308 Chapel Hil	1 Drive				101. 2		1237	,		10g. CIT		J.S.A.
2			IT EVER IN U.S. AR		Language								
3	1 Never Married 2 Married	FORCES? 1	YES 2 X	NO NED	13. WAS	s DECEI	NDENT OF	HISPANIC Mexican,	C ORIGIN? (Sp , Puarto Rican	ecify Yee, atc.)	or No—	Biack	— American Indian, c, Whita, alc.
BY	3 🔯 Widowed 4 🗌 Divorced	IF YES, GIVE V	WAR OR DATES		1 0	YES 2	NO NO	Specify:				Speci	White
	15. OECEDENT'S EDUCA		16a, OE	CEDENT'S	USUAL OCCU	PATION	4		16b. KINI	OF BUS	INESS/INE	DUSTRY	MILLEC
<u>E</u>	(Specify only highest grade of Elementary/Secondary (0-12)	ompleted) College (1-4 or 5 -	(G	ive kind of w Do NOT use	ork done durir	ng most	of working	1	1000,1000	0, 500		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
집					r				Rea	al Es	state	e Cor	npany
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	ER'S NAM	E (First, Middle				1 3
	Max Byczynski						An	na D	ombrov	vski			
BE	19a. INFORMANT'S NAME (Type/Print)		196	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zij					Code)				
5	Mark W. Dickerson	(son)							e, Ba				21237
	20a METHOD OF DISPOSITION		20b. PLACE	AND DATE O	F DISPOSITIO	N (Nam	ne of		OATE	20c. LOC	CATION —	City or To	wn, Stata
	4 Donation 5 Other (Specify)	ns of	Fait	h C	emet	ery	1/4	Balt	timo	re, N	laryland		
	21. SIGNATURE OF FUNERAL SERVICE LIGHT	NSEE /		22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Ho									
	Eugene	Tai	tres	h									01006
	23. PART I. Enter the diseases, or so	mplications tha	t caused the de	Ath. Do n	ot enter the	J D	e of dylp	I Ku	., Bai	L L LMC	ore,	PLD	21236
ļ	shock, or heart fallurs. Li	ist only one cau	ise on each line		or annar one		a or ayıır	g, suon	aa cararac	or respir	atory sir	est,	Interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ACUTE MYOCARDIAL INFARCTION OUE TO (OR AS A CONSEQUENCE OF): ARTERIOSCLEROTIC HEART DISEASE												
	resulting in death) a.	MUIE TO	OP AS A CONSE	THE OF	リャレ	-	T/\L	MA	01/01	V			
_		ARTHO	INCC/ E	POT		14	540	7	Dist	MACE	-		
CERTIFICATION	Sequantially list conditions,												
¥	If any, leading to immediate cause. Enter UNDERLYING												
Ĕ	CAUSE (Disease or Injury that initiated evants	DUE TO	(OR AS A CONSEC	DUENCE OF):					-			
	resulting in death) LAST												
	PART II. Other significant conditions	contributing to	death but not a	i i dele e te					T.				
EDICAL			E LUN				cause giv	ven in Pa	art I. 24a.	WAS AN A		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	CHEWIC OUS!	KelC/1VL	- Curr	CF O	12 670				_ 10	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
≥									[•		1 TYES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRI	BUTE TO CA					UNCE	RTAIN					
<u>고</u>		HOSPITAL:			OTHER:	one)							
≥	1 YES 2 NO		ER/Outpatient 3		-			_	Other (Spe				
	1 Netural 5 Pending	26a. OATE OF (Month, D		28b. TIME INJU	IRY	WORK	K?	-	28d. OEŞCRIB	E HOW IN	JURY OC	CURED	
à	2 Accident Investigation	00- 01-00-0	C IN HIEW ALL			☐ YE	S 2 🗌	\rightarrow					
	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — Al horatc. (Specify)	me, farm, at	rael, factory,	offica		1	261. LOCATION City or Tox	l (Street ar vn, State)	nd Number	or Aural A	loute Number,
COMPLETED	29a. CERTIFIER					_							
린	(Check only												
įς I	MEDICAL EXAMINER:	On the basis of a	xamination and/or i	nveitigation	, in my opini	on, dea	ith occured	d at the Jir	me, data and	placa, and	due to th	e ceuse(s)) and manner ea stated.
шШ	296. SIGNATURE AND TITLE OF CERTIFIER		m			2	29c LICEN	SE NUMB	ER		29d. DAT	E SIGNED	(Month, Day, Year)
10 B	spermanan,	1	1111				VIS	12	ایا		> /	115	195
-	NAME AND ADDRESS OF PERSON WHO					D .	1 -	1		100	0100		
	Dr. Teodulo Pagli			radel	pnia l	Koa	d, B	alti	more,	MD	2123	5/	
JAN 11 1995 July Mention Review													

BALTIMORE, MARYLAND 21215-0020 MILL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760

UN ALLENUMG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE

29b. SIGNATURE AND TITLE OF

31. DATE FILED (Month, Day, Year)
IAN 11 1995

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) wer

111

32. REGISTRAR'S DIGNATURE

	B.K.S									95	0	0439	
_	1 - FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPA	ARTMEN FICAT	IT OF I	HEALTH DEA	AND TH	MENTA	L HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Last)							MONT	OF DEATH	40	YEAR	3. TIME OF DEAT	ГН
	MARC DOZ							JAN	. 2	2"	95	1705	Рм
	4. SOCIAL SECURITY NUMBER		In yrs, last birthda	MONTHS	ER 1 YEAR	IF UNDER	1 24 HRS.	7. DATE (Mont)	OF BIRTH h, Day, Year)		9. BIRTH Count	IPLACE (State or Fo	oreign
	214-90-7079 90. FACILITY NAME (If not institution, give	1 - M 2 - F	30 YRS.					Mar	20,	1964	Mai	ryland	
<u>a</u>						OR LOCATI			100000000000000000000000000000000000000			PEATH	
16	5905 RADECKE	AVENUE APT.	#G.	B	ALTI	MOR	E C	ITY					
DIRECTOR	10e. STATE 10b. COUNT	TY	10c. C	HY, TOWN	OR LOCA	TION						10d. INSIDE CITY	1
	Maryland											1 X YES 2	NO
FUNERAL	10e. STREET AND NUMBER			10g. CIT	IZEN OF V	WHAT COUNTRY?							
W.	5905 Radecke Ave						1206				JSA		
5	11. MARITAL STATUS 1 ☑ Never Merried 2 ☐ Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	13	If yes, sp	CENDENT C	OF HISPAI	NIC ORIGIN	(Specify Yes Ricen, etc.)	or No-	14. RACI Black	E — American India k, White, atc.	en,
B	3 Widowed 4 Divorced	IF YES, DIVE WAR OR DA	ITES		1 TYES	2 NO	Specif	y:			Spec	my: Black	
COMPLETED	15. DECEDENT'S EDU	JCATION	16a. DECEDENT	'S USUAL (OCCUPATI	ON		16b	. KIND OF BUS	SINESS/INI	DUSTRY	DLack	
H	(Specify only highest grade completed) [Constant of work done during most of working life. Do NOT use retired.) [Constant of work done during most of working life. Do NOT use retired.)												
S P	12th Grade Truck Driver									ns Ti	cans	portatio	n
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame)												
BE	Raymond Dozier Gladys Eison 19e, INFORMANT'S NAME (Type/Print) 19h, MAILING ADDRESS (Street and Number of Burel Burel Number of Burel Street												
2	The state of the s												
	Raymond Dozier 2602 Woodland Avenue Baltimore, Maryland 21216 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City of Town, State												
	1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	proval from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place) DATE 20c. LOCATION City or Town, State Loudon Park Cemetery Jan 6 Baltimore, Ma						,					
	21. SIGNATURE OF FUNERAL SERVICE LI	cn/set	udon Pa	22	. NAME A	OLY ADDRES	SS OF FA	uan guryNi	b Ba	Fune	ore,	Marylar Homes, I	nd nc
	> Gran L	Kellini	-	2	201	Gwynr	ns Fa	al.1.s	Parkwand 21:	av	. CI J. I	iones, I	110
-	23 PART i Enter the diseases or	complications that assess	the death De	В	alti:	more	Ma:	rylar	nd 212	216			
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, abock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition)											
RTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A											
CERTIF	that initiated events resulting in death) LAST	DUE TO (DR AS A	CONSEQUENCE	OF):									
	PART II. Other algnificant condition	na contributing to death be	t not resulting	g In the u	nderiyin	g causa g	given in	Part I.	24s. WAS AN		24b.	WERE AUTOPSY FI	
MEDICAL	l ————							_	1 TYES 2			COMPLETION OF CO	
								_	ĺ			1 - YES 2 - F	40
Z	DID TOBACCO USE CONT				-7	UNC	ERTAI	N 🗆					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DE	OTHE									
±	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa		4 □ Nu	_	e XIXAe	sidence						
	1 Netural 5 Pending	NJURY M	28c. INJ W0	RK?	NO.	26d. DES	CRIBE HOW IN	HJURY OC	CURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, etc. (Speci	— At home, farm	, street, fac			,	2af. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
OMPLETED		ICIAN: To the best of my knowle) end manner as st	lated.

29c. LICENSE NUMBER

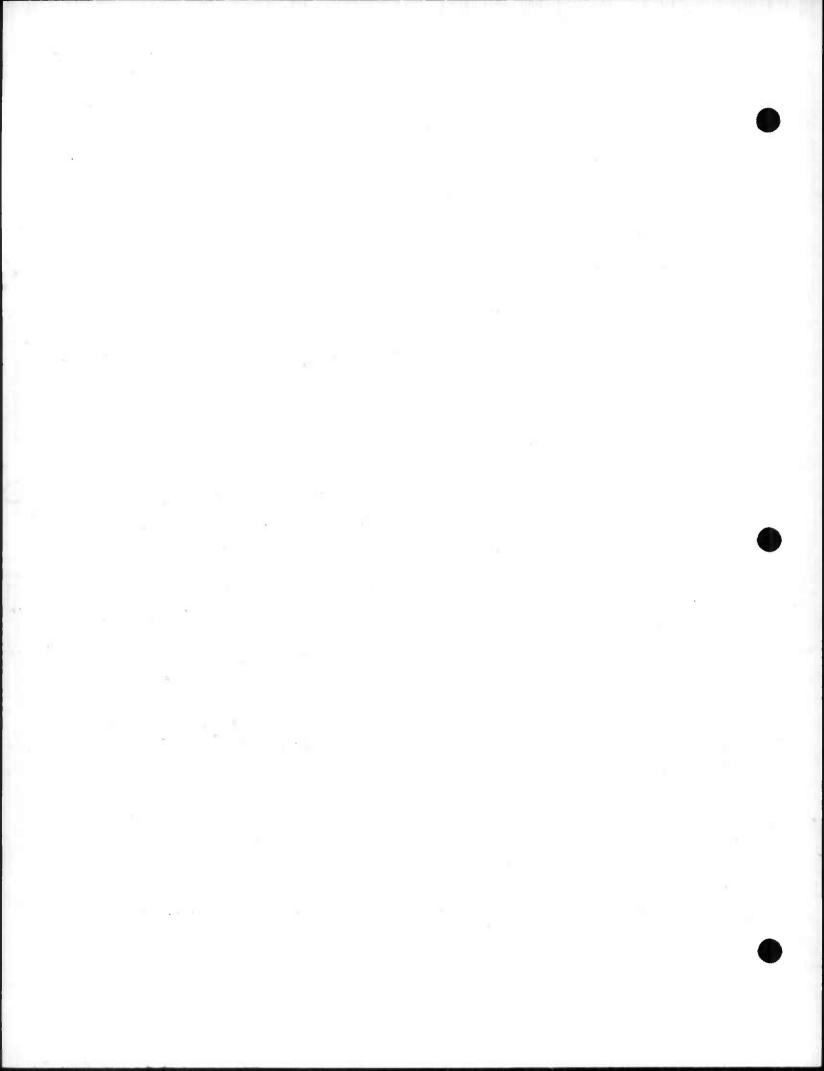
O.C.M.E

Penn Street, Baltimore, Maryland 21201

29d. DATE SIGNED (Month, Day, Year)

3,1995

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MARYLAND 21215-0020	thendir
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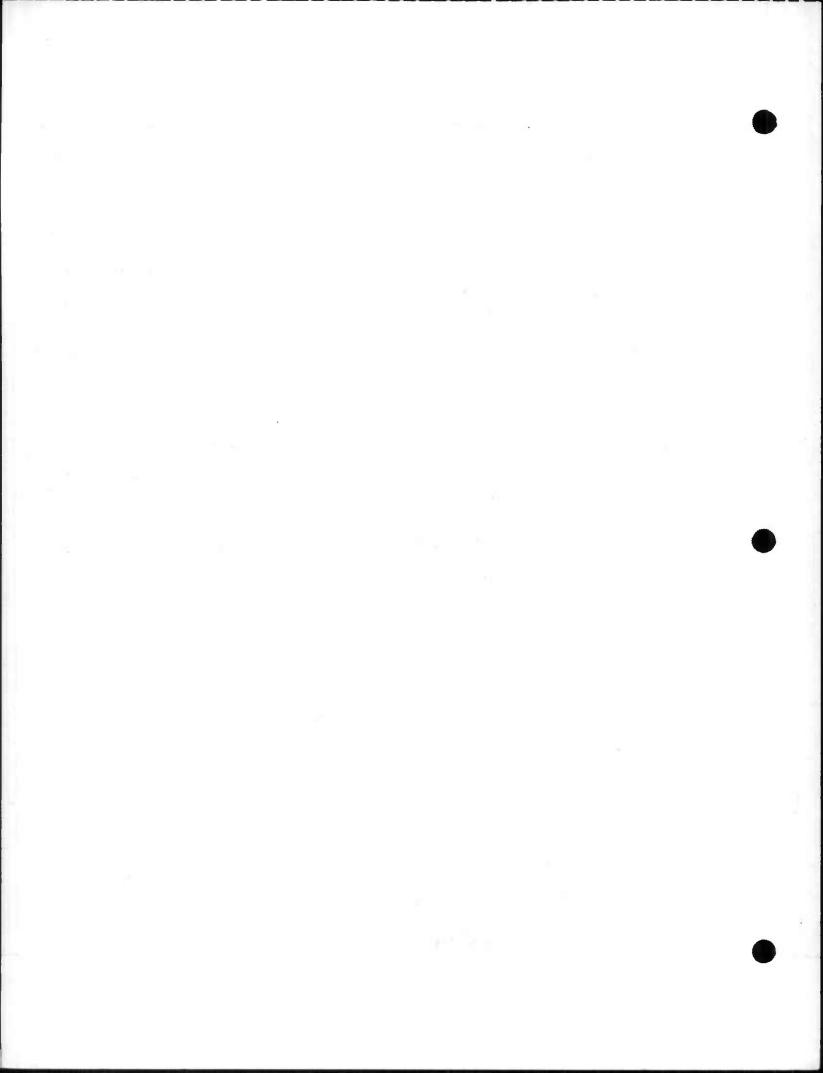
IVISION OF VITAL RECORDS, P.O. BOX 68760

ECTOR. Ameritance has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. TO THE HOSPITAL THE ACTUAL OF THE LAW requires that the death certificate be executed with. Flours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIFFERDRE After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 personal actions the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is married, or filem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CE	ERTIFICATE	0	F DEAT	H		REG. NO.

	FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPART CERTIFI	MENT OF HE		MENTAI	L HYGIEN	;=.			
	1. DECEDENT'S NAME (First, Middle, Last) Thomas Raym	ond Doo	a			2. DATE MONTH	OF DEATH	7/199	BA	11ME OF DEATH 9:45 A	
	4. SOCIAL SECURITY NUMBER 219-16-9605		AGE (In yrs. last birthday) 49 YRS.		IF UNDER 24 HRS.	7. DATE (Month	OF BIRTH Day, froat)		Country)	CE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give st 1027 Grovehill RESIDENCE OF DECEDENT	Road		Arbutu	LOCATION OF D	EATH		0 1	Baltimore		
DIRECTOR	10a. STATE 10b. COUNTY	rimore		TOWN OR LOCATION	N					d. INSIDE CITY LIMITS? YES 2 12 NO	
FUNERAL	100. STREET AND NUMBER				1997 1997	7		109. CITIZEN		t country?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO If yes, specify Cuban, M					OF HISPANIC ORIGIN? (Specify Yea or No—ban, Maxican, Puarto Rican, etc.) Specify: Specify: Specify:				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Construction 15a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)						KIND OF BU	I SINESS/INDUST		vnite	
MPL	12 Sheet metal								20V6	ernment	
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surmarne) Stella Stermaski										
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code)										
-	Nitta Doda 1027 Grovehill Rd., Arbutus, MD 21227										
	1 Burial 2 Cremation 3 Remo		20b. PLACE AND DATE OF COMMERCE OF CAINE	Park		JII.	2 W	adlaw	20	laryland	
	T CM C	gan		1328 S	address of fa	-Spi	mbros rina R	e Fune Id., Arb	ral utus	Home, Inc.	
	23. PART N Enter the diseases, or c shock, or heart fellure. I	emplications that ca st only one cause	used the deeth. Do no on each line.	ot enter the mode	of dying, suc	h es card	llec or resp	iratory srrest		Approximate Interval Between	
	immediate Cause (Final disease or condition resulting in death) s. Liver Mefastares thives factor 241										
,	DUE TO (OR AS A CONSEQUENCE OF):										
ATIO	Sequentielly list conditions, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
	PART II. Other significant conditions	contributing to dee	th but not resulting in	the underlying c	euse alven in	Part I	24a. WAS AN	ALTTOREY	Oak WE	RE AUTOPSY FINDINGS	
DICAL						_	PERFOR	RMED?	AVA	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR	RIBUTE TO CAUS	F OF DEATH YES	NO X	UNCERTAII				1 {	YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH	(Check only one)	ONCERIAII						
IYS	1 VES 2 NO	1 Inpatient 2 ER	Outpatient 3 DOA	OTHER:							
ВУ РН	1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJI (Month, Day, Y			?	28d. DES	CRIBE NOW I	NJURY OCCUR	ED		
	3 Suicide S Could not be 4 Nomicide detarmined	28e, PLACE OF IN. building, etc.	JURY — At home, farm, at (Specify)	reet, factory, offica			ATION (Street in Town, State)	and Number or F	lural Floute	Number,	
COMPLETED	29a. CERTIFIER Check only 2 MEDICAL EXAMINER		knowledge, death occurred						use(a) and	d manner as stated.	
BE	296 SIGNATURE AND TITLE OF CERTIFIED	enter !	MA		c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)				nth, Day, Year)		
٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (ITEM 27) (Type, F	Print) PAgnes	Phone	61	9000	afa	Acre	17,	
1	31. DATE FILED (Month, Day, Year)	11 -11 -00	J.	1-17/10	LO LO	7		Dal	1 10	W 2129	

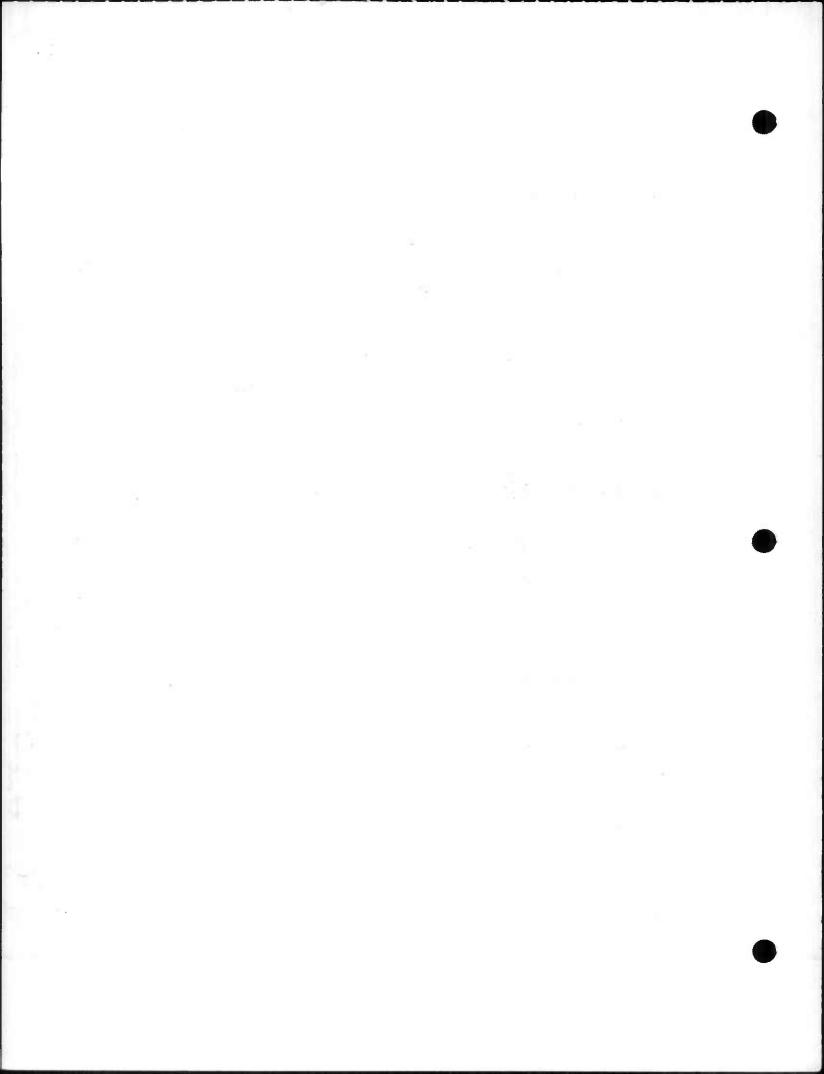


burial-transit permit. Pages 1, 2, 3 should

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, with the fours after death. Page 6 may be relatined by the hospital or attending TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	12 11	-1 000			2. DATE OF DEATN		3. TIME OF DEATH		
	Doysey	Kauthur	ine	Μ.		MONTH D	8 9	3 636p		
			n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIRTN (Month, Day, Year)		BIRTNPLACE (Stete or Foreign Country)		
	214 30 4043	1 □ M ØXCXE 88	YRS.			July 7, 19	06	N.C.		
Œ	9a. FACILITY NAME (If not institution, give stre				R LOCATION OF DE	ATH	9c. COUNTY OF DEATN			
DIRECTOR	Howard Coounty Ger	<u>neral Hospit</u>	al	Colum	bia		Howard			
REC	10e. STATE 10b. COUNTY			Y, TOWN OR LOCAT				10d. INSIDE CITY		
	Md. Howa:	rd	Ma	arriotts			1 TES 2 NO			
FUNERAL	10e, STREET AND NUMBER			101	10g. CITIZEN OF WHAT COUNTRY?					
JNE	2400 Thompson Dri	VC	IIIS ADMED	13. WAS DEC		U.S.A. No.— 14. RACE — American Indian,				
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO	If yes, sp		Black, White, etc.				
ВУ	3 Nidowed 4 Divorced			1 ☐ YES 2 🛣 NO Specify: Specify: Wh:						
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION empleted)	(Give kind of v	USUAL OCCUPATION	N st of working	16b. KIND OF BUS	SINESS/INDUST	TRY		
Ë	Elementery/Secondery (0-12)	iife. Do NOT us	*							
MC	H.S. 17. FATHER'S NAME (First, Middle, Last)	+2	Homemal	ker	16 MOTHER'S MAN	ME (First, Middle, Maiden	ome			
	Charles N. McCra	cken				Bradshaw	ourname)			
BE (19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street a		loute Number, City or Town	n, State, Zip Coo	de)		
5	George Milton Dors	ey	13308	Foxhall	Drive S	ilver Spri	ng, Md	1. 20906		
	206. METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name of OATE 26c. LOCATION — City or Town.									
	4 Donation 5 Other (Specify)		etery, crematory or of View				Marri	ottsville, M		
	21. SIGNATURE OF FUNERAL SERVICE LICE	(SEE		22. NAME AN	O ADDRESS OF FAC	ight Funer	al Hom	no.		
	Harry W.	Haraht		P.O.	Box 195	Svkesville	Md.	21784		
	23. PART I. Enter the diseases, or con ahock, or heart fellure. Li	mplicetions thet caused et only one cause on er	the deeth. Do nich lina.	ot enter the mo	de of dylng, such	ss cardiac or respi	ratory srrest,	. Approximate Interval Batween		
	IMMEDIATE CAUSE (Final									
	resulting in death) e.	Procum on	CONSEQUENCE OF					5 DAYS		
_		Metabelic						Chave		
Ó	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF		CTHU					
S	cause, Enter UNDERLYING CAUSE (Disease or Injury	KENALI	FAILUR	-URE						
	that initiated evente resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	SEQUENCE OF):						
CERTIFICATION	d.									
AL	PART II. Other significent conditions	contributing to death bu	it not reculting i	n the underlying	cause given in f	Pert I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
DIC	TYPERKALEM	A, URINA	RY IRAC	TINF	ECTION	1 YES 2		COMPLETION OF CAUSE OF DEATH?		
ME	CONGESTIVE HE							1 YES 2 NO		
Ä.	DID TOBACCO USE CONTRI				UNCERTAIN					
Si Ci		HOSPITAL:	26. PLACE OF DEAT	OTHER:						
PHYSICIAN: MEDIC	1 YES 2 NO 1	28e. DATE OF INJURY	ttlent 3 □ DOA □		5 Residence 8	28d. DESCRIBE NOW IF	N III DV OCCUPE	50		
	1 Netural 5 Pending	(Month, Day, Year)	j snJi	URY WO		200. DESCRIBE NOW II	TOOR OCCURE			
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	At home, farm, a			281. LOCATION (Street a	and Number or R	Bural Route Number,		
COMPLETED	4 Homicide determined	building, etc. (Special	'Y)			City or Town, Stete)				
PLE	290. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowle	edge, death occurre	d at the time, date	end place, end due t	to the cause(e) and men	ner ee stated.			
S O								ouse(s) and manner es stated.		
w I	29h. SIGNATURE AND TITLE OF CERTIFIER				29 LICENSE NUM			GNED (Month, Day, Year)		
TO B	Agellony, wo				03829	b	▶ Ji	AN 8, 1995		
	AND AOORESS OF PERSON WHO COSEPH F. G			Print)	ANNAPO	LIS RN		TCITY, MD 2104		
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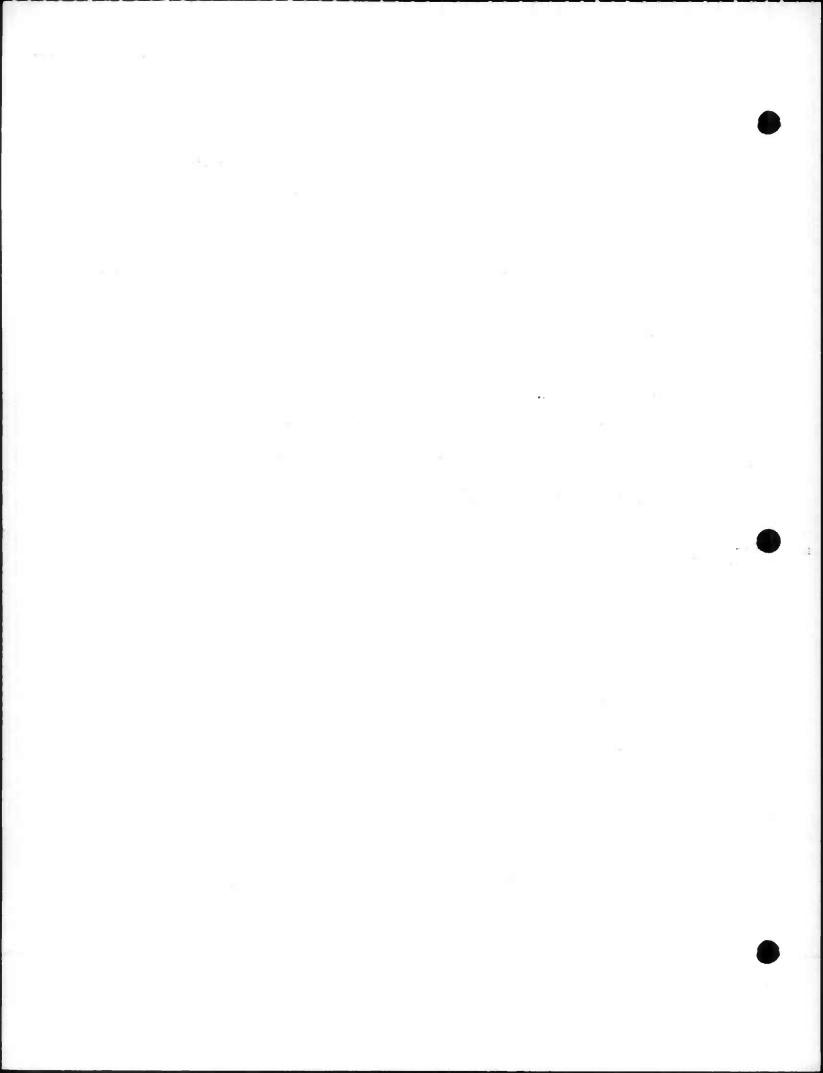


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 st		
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UTILE TUDITIAL OF ALIENDING PHISIONAL THE IAM JEQUIES	Affel	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E I
EIN	THE FUNERAL DIRECTOR: After	Her	item 28 le
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND A	MENTAL HYGIEN				
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF OEATH		
	Delmar T.	Dorsey				Jan 5, 199	95 YEAR	23:55 P. M		
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign		
	212 30 0344	XM2□F 62	YRS.	ONTHS DAYS	HOURS MIN.	June 18,	1932 Md			
_	9e. FACILITY NAME (If not institution, give atreet	end number)	9	b. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY OF	OEATH		
DIRECTOR	Northwest Hospita	11		Rand	allstown	1	Baltimore			
H.	Md . Carroll		7.0	OWN OR LOCAT				10d, INSIDE CITY LIMITS?		
	Calloin		S	ykeswil	le			XX YES 2 NO		
FUNERAL	10e. STREET AND NUMBER		-	101	ZIP CODE		WHAT COUNTRY?			
Ä	665 Oklahoma A	VE			21784			S.A.		
J.	11. MARITAL STATUS 12 1 Never Merried 2 Merried	IC ORIGIN? (Specify Yee , Puerto Rican, atc.)	CE — Americen Indian, ck, White, etc.							
B	3 Widowed 4 Divorced	NO Specify:			ony: ack					
	15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 15b. KIND OF BUSINESS (INDUSTRY									
<u> </u>	(Specify only highest grade continued (Specify only highest grade continued (Specify only highest grade continued (Specify only highest grade continued (Specify only highest grade continued (Specify only highest grade continued (Specify only highest grade continued (Specify only highest grade continued (Specify only highest grade continued (Specify only highest grade continued (Specify only highest grade continued (Specify only highest grade continued (Specify only highest grade continued (Specify only highest grade continued (Specify only highest grade continued (Specify only highest grade continued (Specify only highest grade (Specify o	oflege (1-4 or 5 +)	(Give kind of wor life. Do NOT use r	k done during mo etired.)	t of working					
AP	10		Coo	k		Springf	ield Hos	pital		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	AE (First, Middle, Meiden	Surname)			
BE	James Clifton Dor	rris								
2	19a, INFORMANT'S NAME (Type/Print)					oute Number, City or Town		,		
	Frances T. Dorsey					esville,				
l	20e. METHOD OF DISPOSITION 1 XBurlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		PLACE AND DATE OF			1995 Syl	CATION — City or 1	fown, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENS		. Luke ce	22. NAME AN	D ADDRESS OF FAC	1990 391	Kesville	, Mu		
	> 4/2 (1)	Yhill		D O I	Hai	ght Funer	al Home	704		
-	23. PART 1. Enter the diseases, or com	HUIGHT				Sykesville	-	784		
	shock, ot/heart failure. List IMMEDIATE CAUSE (Final	Only one cause on as	ch lina.	antar tha mo	aa or dying, such	a a cardiac or reapi	ratory arrest,	Approximate interval Batween Onest and Death		
CERTIFICATION		Empatres DUE TO (OR-AS-A Melmobil		d						
AL C	PART II. Other significant conditions co	ontributing to death bu	it not reaulting in	tha underlying	cause given in F	Part I, 24s. WAS AN		b. WERE AUTOPSY FINDINGS		
2	Azotema Throm	bucytopensa,	anlanta	coa	who the	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	probable to	re drahos 13			0		<i>y</i>	DF DEATH? 1 YES 2 NO		
ž	DID TOBÁCCO USE CONTRIB	UTE TO CAUSE OF	DEATH YES		UNCERTAIN					
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		6. PLACE OF DEATH							
KS!	1 - YES 2 NO 1)	OSPtTAL: Inpatient 2 ER/Outpu		THER:	5 Residence	8 Other (Specify)				
PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	IRY AT RK?	28d. DESCRIBE HOW IN	JURY OCCURED			
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Speci	At home, ferm, stre		20 10 110	281. LOCATION (Street e. City or Town, State)	nd Number or Rural	Route Number,		
ETE	4 Homicide determined									
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN one) 2 MEDICAL EXAMINER: 0	to the best of my knowle to the best of examination						(s) end manner ee stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	MD			29c. LICENSE NUMI	BER Y 4 4	29d. DATE SIGNE	D (Month, Day, Year) 0 9 95		
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pr	int)	D 210) / /		-		
	19 Welker Are	Butt. MD	21208		nd Roggi	en)				
	31. DATE JAN 1 1 1995	REGISTRAR'S SIGNA	TURE CALL							
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31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Kis

> 32. REGISTRAR'S SIGNATURE Struction Rendall

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH Eiford Louis 1;30 A. 1995 January 8 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH OCTODEY 13,191 8. BIRTHPLACE (State or Foreign 1 Maryland MONTHS DAYS HOURS MIN. 220-14-2549 1 M 2 - F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian Long Green Nursing Home Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION tob. COUNTY 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4616 Schley Ave 21206 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yea, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 X Widowed 4 Divorced White ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade most of working COMPLET ntary/Secondary (0-12) College (1-4 or 5+) **Engineer** 12 Revere Copper Co. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Henry Eiford BE Lena Ward 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert James Fiford Same as 10e 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata HTTTTOP Service Corp. 1/10/95 Towson, Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck Funeral Home, Inc. 5305 Harford Rd. Balto. Md. 21214 23. PART I. Enter the diseases, of complications that caused the deeth. Do not anter the mode of dying, such as cardiec or respiratory street, shock, or heart fellure. Liet only one cause on sech line. Approximate Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition DAX dis resulting in death) DUE TO (OR AS A CONSEQUENCE OF) monica CERTIFICATION Sequentielly list conditiona, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF) that initieted events reaulting in death) LAST PART II. Other significant conditions contributing to death but not entitling in the underlying ceuse given in Pert i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS ement PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? T YES 2 NO inleter Telleling 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\Boxed{1}\) UNCERTAIN \(\boxed{1}\) PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check, only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1° Natural 5 Pending 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide ETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIE 29d. DATE SINED (Month, Day, Year) 29c. LICENSE NUMBER BE

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7151 HOLABIRD AVE, BALTO, MD. 2122

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VI

TO THE HOSPITAL OR ATTENDING PHYSICIAN and the death certificate be executed within c4 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate the minimal by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	MENT OF H	EALTH AND I	MENTAI	HYGIENI REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			. TIME OF DEATH		
	Wesley W	Warren H	Eaton			MONTH			EAR	M		
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			ACE (State or Foreign		
	213-58-0400 9a. FACILITY NAME (If not institution, give stre	1 X M 2 □ F 4:	3 YAS.	NTHS DAYS	HOURS MIN.	Oct.	21, I	.951	Country)	Md.		
œ		•	90		R LOCATION OF DE			9c. COUNT				
DIRECTOR	208 Margate I	Koad		Lu	therville	e		Baltimore				
S	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION				0d. INSIDE CITY			
8	Pa.			G14	en Rock		LIMITS?					
	10e, STREET AND NUMBER				. ZIP CODE	-		1 YES 2 X NO				
FUNERAL	RD 2 & Shaffer Ch	urah Pd			17237				.S.2			
N N		12. WAS DECEDENT EVER IN I	IIS ADMED	13 WAS DEC		UC OBION	200					
	1 Never Merried 2 Married	FORCES? 1 YES	2 XNO	If yes, spe	specify Cuban, Maxican, Puerto Rican, etc.) Black,					— American Indian, t, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES	1 YES	2 XNO Specify	у:			Specify:	White		
B	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S USI	JAL OCCUPATION	DN .	185	KIND OF BUS	NESS/INDUS	TRV	MILLCE		
	(Specify only highest grade completed) (Give kind of work done during most of working life, Do NOT use retired.) (Give kind of work done during most of working life, Do NOT use retired.)											
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COMPLET	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname)											
	Warren Eaton Irene Rollin							line	3			
BE	19a, INFORMANT'S NAME (Type/Print)	- Ha co.		DDECC (Character	nd Number or Rural I	Donate Allera	- On - T			,		
2	Mrs. Irene Eaton		1		d. Luthe:							
	20a, METHOD OF DISPOSITION	1.00				7	_					
	1 ☐ Buriel 2 CXCremation 3 ☐ Ramov		PLACE AND DATE OF D Lery, crematory or other 11top Ser			DATE		ATION — CI		n, Stata		
	4 Donetion 6 Other (Specify) 21. SIGNATURE OF TURESTAL SERVICE LICE		rrcob ser		D ADDRESS OF FA	11/95	100	son,	MQ.			
	100	Du			rowson F		al Home	. Inc				
	(Aug L)				York Rd.							
	23. PART i. Enter the diseases, or co	mplications that caused	the death. Do not	enter the mo	de of dying, suc	h es cerd	lsc or respir	elory stres	t,	Approximats		
	shock, or heert fallure. Li IMMEDIATE CAUSE (Final	et only one ceuee on eed	on line.							interval Bstween Onset and Death		
	diseese or condition	Time	MYMORE	MIER	12							
	resulting in death) e.	DUE TO (OR AS A	CONSEDUENCE OF):		• 6							
-		HIV	INFECT	1101								
<u> </u>	Sequentially liet conditions, if any, laeding to immediate	DUE TO (OR AS A C										
8	cause. Enter UNDERLYING											
트	CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST											
¥	PART II. Other significent conditions	contributing to daeth but	t not resulting in t	he underlying	ceuse given in	Part I.	24a. WAS AN A PERFORM			TERE AUTOPSY FINDINGS WAILABLE PRIOR TO		
음Ⅱ							1 YES 2	NO		OMPLETION OF CAUSE F DEATH?		
뿔										☐ YES 2 ☐ NO		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YES	□ NO K	UNCERTAIN	V 🗆						
8 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		B. PLACE OF DEATH (
)S		HOSPITAL: 1 Inpetient 2 ER/Outpet		THER: □ Nursing Hom	5 Rasidence	6 🗆 Other	(Specify)					
£	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJI	JRY AT	28d. DEŞ	CRIBE HOW IN	JURY OCCUP	RED			
BY	1 Natural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, moon	M t Y								
	3 Suicide 6 Could not be	26e. PLACE OF INJURY -	- Al home, term, stree	t, factory, office			TION (Street ar	d Number or	Rural Rou	ite Number,		
	4 Homicide determined	building, etc. (Specify	′)			City o	or Town, State)					
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as												
(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								Marka a Mark				
8		OT THE DESIGN OF EXECUTION	and investigation, it	r my opinion, u	serri occured at me	anne, Osta	and placa, and	ous to the c	:=U==(E) =	nd manner as stated.		
B	296. SIGNATURE AND TITLE OF CERTIFIER	//	0		29c. LICENSE NUN	ABER	, /	29d. DATE S	IGNED (A	fonth, Day, Year)		
2	Maring	1300 M			レンナ	30	7	-/	-7	-43		
- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Spe. Pro					- : (
	VIARC JHAFRAY	LOUY BOST	DNST.	Enci	THOORE,	MI	2122	7				
5	JAN 1 1 1995	32 REGISTRAR'S SIGNAT	URE				_					
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Gregory L. Walker,
31. DATE FILED (MONTH), Day, Year)
JAN 1 1 1995

12 REGISTRAR'S SIGNATURE

			1 - FOR STATE REGISTRAR	STATE OF MARYL			TMENT OF		MENT	AL HYGIEN			
	VI.		1. DECEDENT'S NAME (First, Middle, Last)			-			2. DA	TE OF DEATN			3. TIME OF DEATN
			Barbara S. Eve	erstine					0	1 (95	10:30 P
			4. SOCIAL SECURITY NUMBER		(in yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		E OF BIRTN onth, Day, Year)		BIRTHE	LACE (State or Foreign
	B		213-05-7169		35	YRS.	MONTHS DAYS	HOURS MIN.		0-26-0	9	Ma	ryland
	should	-	Sa. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNT	Y OF DE	ATN
	2, 3	2	Roland Park Pl	.ace			Ba1	timore	Cit	у			
	es 1,	DIRECTOR	10a. STATE 10b. COUNT	1		10c. CIT	Y, TOWN OR LOC	ATION	_				10d. INSIDE CITY
	. Pages	뚬	Maryland									- 1	LIMITS?
	Permit.	1	10e. STREET AND NUMBER					more Ci	ty_		10e CITIZE		1 X YES 2 NO
	TES.	FUNERAL	830 West 40th	Stroot				212	11				
0	attending physicien, se as the burial-transit	3	11. MARITAL STATUS	12. WAS DECEDENT EVER I	U.S. AR	MED	13. WAS DE	CENDENT OF NISPA	M AMA AMA	GIN? (Specify Yes		S.A	— American Indian.
02	phy		1 Never Married 2 Married	FORCES? 1 YES		Ю	If yes, s	s 2 NO Specific	an, Puerl	o Rican, etc.)		Black, Specify	White, etc.
5-0	as the) BY	3 🖎 Widowed 4 🗌 Divorced										ite
21215-0020		ETED	15. DECEDENT'S EDU (Specify only highest grade		(G/	ve kind of v	USUAL OCCUPAT	TION nost of working	1	66. KIND OF BUS	INESS/INDUS	TRY	
5	d for u	불	Elementary/Secondary (0-12)	College (1-4 or 6+)		Do NOT us	,						
Ž	the hospital detached for once.	COMPL	17. FATNER'S NAME (First, Middle, Lest)	Years	H	ouse	ewife				n Hoi	me_	
MARYLAND	by the	ECC	Sylvester Sch	111100				16. MOTNER'S NA			Surneme)		
H	5 should notified	.00	19a. INFORMANT'S NAME (Type/Print)	illing	191	MAILING	Anness /Small	and Number or Rural	_	Weber	- Charle Was O		
Ž	5 sh	5	Douglas G. Ever	stine (Son								-	21146
Ę,	page		20a METHOD OF DISPOSITION	200	PLACEA	NDDATEC	OF DISPOSITION /A	hway, So	D	TE 200 LOV	CATION _ CH	u or Tow	m State
Ö	age 6 ma director, p		4 Donetton & Other (Specify) Druid Ridge Cemetery 1-8 Pikesville, MD										
2	Pag ral dir		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
ALTIMORE,	death. Page 6 may e funeral director, pa I. examiner must b		Henry W. Jenkins & Sons 4905 York Road, Baltimore, MD 21212										
0	after noval		23. PART I. Enter the diseases, or o	complications that caused	the de	ath. Do n	490	ode of dylan ava	Roa	d, Bal	timo	re,	
	hours after ed in by the or remove medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Between										
	y fille tion.		IMMEDIATE CAUSE (Final disease or condition	Doub	L -	Ch	Is on						Onset and Death
9	ompletel crema event,		resulting in death) Due TO (OR AS A CONSEQUENCE OF):										
687		z	ASCVD 20m										
×	e be execut sician and c rior to buri traumatic	ERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									1 0	
80	ate b nysicie prior	ই	cause. Enter UNDERLYING CAUSE (Disease or Injury	L									
Ö	certificate ding physi hygiene pr other t	쁘	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEC	UENCE OF	7):						
٦.	E 5 - 0	EH	Total and a second	s									
RDS,	의 본 후 등	- 1	PART II. Other algnificant condition	a contributing to death b	ut not re	eaulting i	n the underlyir	ng ceuse given in	Part I.	24a, WAS AN	AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS
9	₹ 5 ª B	MEDICAL								PERFOR		(AVAILABLE PRIOR TO COMPLETION DF CAUSE
RECO	requires that seen signed by of Health an shows any	빌								1 1 163 2	57 NO	1	DF DEATH?
T	5 D 5 m		DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	F DEAT	TH YE	S I NO	UNCERTAI	ΝП			i '	1 125 2 NO
A	he law e has t e Dept m 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				H (Check only one						
	CIAN: The rithicate has State has State or Item	SIC	1 TYES 2 X NO	HOSPITAL: 1 Inpatiant 2 ER/Outp	atient 3	□ DOA	OTHER:	me 5 - Residence	6 🗆 Ott	her (Specify)			
5	The SCIAN: The transcript has been been state or tem	PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		26b. TIME	E OF 28c. IN	JURY AT ORK?		ESCRIBE NOW IN	JURY OCCUP	RED	
z	E ST ST ST ST ST ST ST ST ST ST ST ST ST	ВУ	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO					
VISIO	ATTENDING ECTOR. After Parter death	ED I	3 Suicide 6 Could not be	26a. PLACE OF INJURY building, etc. (Spec	- At hor	ne, farm, s	treet, fectory, offi	ce		CATION (Street elly or Town, State)	nd Number or	Rural Ro	ute Number,
Ĕ		-	4 Nomicide detarmined										
5	A SOL	.¤)	(Check only 1 CERTIFYING PHYSI	CIAN: To the best of my know	edge, des	th occurre	d at the time, dat	e end place, and due	to the c	suse(e) and man	ner as stated.		
	FUND FOR	0	2 MEDICAL EXAMINE	R: On the beels of examination	and/or in	vestigation	n, In my opinion,	death occured at the	time, de	te and place, and	dua to the c	euse(e)	end manner se stated.
		BE &	296. SIGNATURE AND TITLE OF CENTIFIER	MA				29c. LICENSE NUI	MBER		29d. DATE S	IGNED (Month, Day, Year)
	34 0 34 0 36 1 36 1 36 1 36 1 36 1 36 1 36 1 36 1	0 8	being other					125	66-	_	▶ 01	-06	5-95
	1	F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATN (ITEM	1 27) (Type,	Print)						

M.D., 3333 N. Calvert St., Baltimore, MD 21218

, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trainible filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Inju

BERTHA	ROSE		ELO	BIN			2. DATE OF	DEATH DAY	995	YEAR	3. TIME OF DEATH 7:45 and	
I. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. i		IF UNDER 1 YEA			7. DATE OF (Month, D	BIRTN		8. BIRTN	PLACE (State or Forei	
219-12-8756	1 □ M 2 🖾 F	75	YRS.	MONTHS DAY	HOURS	MIN.		7, 19	19		yland	
Da. FACILITY NAME (If not institution, gi	e street and number)				N OR LOCATIO				9c. COUI	NTY OF DE	EATN	
Saint Joseph Ho	spital			To	wson, l	Man	rland			Baltir	nore	
IOa. STATE 10b. COU	NTY		10c. CIT	TY, TOWN OR LO	CATION					10d. INSIDE CITY		
Maryland B	altimore	/\u	1	Woodlawn						LIMITS?		
00. STREET AND NUMBER					10g. CITIZE				ZEN OF WHAT COUNTRY?			
6330 Windsor M	ill Road				7		Uni	ted	States			
1. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S. A	RMED		IIC ORIGIN? (1		or No-	14. RACE	— American Indian, , White, atc.			
Never Married 2 X Married Widowed 4 Divorced		WAR OR DATES	340		ES 2 XNO			iri, arc.)		Specif		
15. DECEDENT'S E	DUCATION	l etc. p					1				MILLE	
(Specify only highest gr	College (1-4 or 5		(Give kind of the Do NOT u	work done during se retired.)	most of working		16b. KI	ND OF BUSI	NESS/IND	USTRY		
8th grade	Sale				De	nt. S	tore	S-H11	tzlers			
7. FATNER'S NAME (First, Middle, Lest)		18. MOTHE	ER'S NA	ME (First, Mide			. J IIu	CZICIS				
John Drexel												
John Drexel 19a. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
Mrs. Victoria	Sipes		8669	Ridge :	Road 1	E11i	Lcott	City,	MD	210	43	
ROS. METHOD OF DISPOSITION			E AND DATE	OF DISPOSITION	(Name of		DATE	20c. LOCA	ATION —	City or To	wn, Stata	
Donation 6 Other (Specify)	emoval from State	_ cemetery, c	illawn	Cemete	ry		1/10	Wo	odla	awn,	MD	
James	BC	every		Lori 8728	ng Bye Liber	rs l ty l	Funera Road	Randa	rije	won,	Inc. MD 2113	
23. PARTA. Enter the diseases, or heart failure immediate Cause (Final disease or condition resulting in death)	or complications the complete	at caused the c use on each lin	ne.	Lori 8728 not enter the	ng Bye Liber mode of dyln	rs] ty]	Funera Road h ss cardiso	Randa	rije	won,	MD 2113 Approximate Interval Bett Onset and I	
shock, or heart fallum MMEDIATE CAUSE (Final disease or condition	e. List only one ca	AGE CONS	EQUENCE O	Lori 8728 not enter the	ng Bye Liber Liber node of dyin	ty I	Funera Road h ss cardiso	c or reaping	atory sri	wen,	Approximate interval Better Onset and I	
Shock, or heart failured in the condition of the condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	S. END ST. S. END ST. C. END ST. C. CHRONI	AGE CH OFF AS A CONS OFF AS A CONS OFF AS A CONS OFF AS A CONS OFF AS A CONS OFF AS A CONS	EDUENCE COLLEG	Lori 8728 not enter the	ng Bye Liber Liber node of dyln RDIOMY	ty I	Funera Road h ss cardiso	C or reapire	ASE	wen,	Approximate interval Bette Onset and I	
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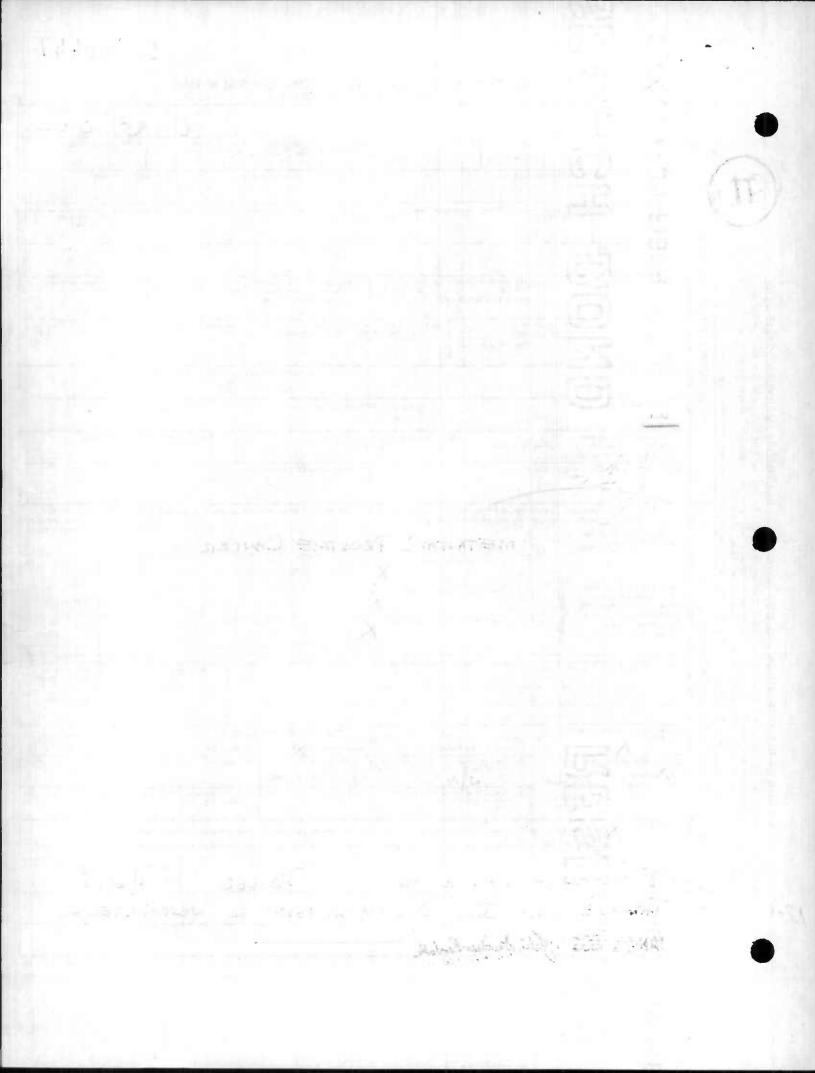
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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, FOR STATE OF MARYLANI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIFI	OFTIE OF	DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Las					2. DATE OF DEATH DA	V	3. TIME OF DEATH			
		Engel, Jr.				1 6	9.				
	4. SOCIAL SECURITY NUMBER 216-12-9695	5. SEX 6. AM	GE (In yrs. lest birthday) 73 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 12,		BIRTHPLACE (State or Fore Country) Maryland			
1	9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN O	LOCATION OF DE		9c. COUNTY OF DEATH				
ривестоя	5130 Band Hall	Hill Road		Westminster Carroll							
2	10e. STATE 10b. COUN	(TY	10c, CITY	HTY, TOWN OR LOCATION 10d							
18	Maryland C	arroll	W	Vestmins	er			LIMITS?			
AL	10e. STREET AND NUMBER	The second		10f.	ZIP CODE		10g. CITIZEN OF WHAT COUNTR				
E .	5130 Band Hall	Hill Road			21158-140	16	United States				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X Y IF YES, GIVE WAR O	ES 2 NO	If yes, spe	NDENT OF HISPANI city Cuban, Maxican 2 XNO Specily:		IGIN7 (Specify Yes or No— rto Rican, etc.) 14. RACE — American Black, White, etc. Specify: Whit				
ED E	15. DECEDENT'S E	DUCATION	16a. DECEDENT'S I	USUAL OCCUPATIO	N	16b. KIND OF BUS	16b. KIND OF BUSINESS/INDUSTRY				
	(Specify only highest gra	College (1-4 or 5+)	(Give kind of we	ork done during mos retired.)	t of working						
집	11 years	Conago (1-4 di 5-7)	Mechan	ic		Glen L	. Mart	in, Co.			
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Malden	Surname)				
ш	John L. Engel,	Sr.			Carri	e Spieker					
0	19a, INFORMANT'S NAME (Type/Print)					oute Number, City or Town					
2	Mohn L. Engel,	III	1614	East De	ep Run Ro	ad Westm	inster	, MD 21158			
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE O		ne of	DATE 20c. LO	CATION City	or Town, Stata			
. 10	1 Donation 5 Other (Specify)	moval from State	cemetery, cremetory or oth Carroll C	remation	Service	1/9/95 Han	npstea	d, Maryland			
	22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc.										
	1				-						
	8728 Liberty Road Randallstown, MD 2113 Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, and the province of the course on each line. Approximate Interval Retween										
ERTIFICATION	Sequentially lifet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated examples). DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
H	that initiated events resulting in death) LAST										
CE											
X	PART II. Other aignificant conditi	ona contributing to deat	h but not resulting in	n tha underlying	cause given in F	ert I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO			
: MEDICAL						1 🗆 YES 2	□ NO	COMPLETION OF CA OF DEATH? 1 YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ck only one)					
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2N NO 1 Input lent 2 FR/Outpet lent 3 DOA 4 Number Norm 5 Novel deposit 1 Input lent 2 FR/Outpet lent 3 DOA 4 Number Norm 5 Novel deposit 1 Input lent 2 FR/Outpet lent 3 DOA 4 Number Norm 5 Novel deposit 1 Input lent 2 FR/Outpet lent 3 DOA 4 Number Norm 5 Novel deposit 1 Input lent 2 FR/Outpet lent 3 DOA 4 Number Norm 5 Novel deposit 1 Input lent 2 FR/Outpet lent 3 DOA 4 Number Norm 5 Novel deposit 1 Input lent 2 FR/Outpet lent 3 DOA 4 Number Norm 5 Novel deposit 1 Input lent 1										
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E COMPLETED BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending investigation 2 Accident 3 Suicide a Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI	28s. DATE OF INJUINED TO THE PROPERTY OF THE P	TY 28b. TIME INJU	4 Nursing Home OF 28c. INJL WOI 1 Y treet, factory, office d at the time, data	IRY AT IK? ES 2 NO	28t. LOCATION (Street a City or Town, State) o the cause(a) and man	ind Number or i	Rural Route Number, suce(s) and manner as state GNED (Month, Day, Year)			
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ш	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident a Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI 290. SIGNATURE AND TITLE OF CERTIF	28a. DATE OF INJUINATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	28b. TIME INJU. JBY — Al home, farm, st specify) JBY — Al home, farm, st specify) DEATH (ITEM 27) (Type,	4 Nursing Home C OF OF OF OF OF OF OF OF OF OF OF OF OF O	RY AT IK? ES 2 NO and place, and due to the occurred at the to the total place. 29c_LICENSE NUM 29c_LICENSE NUM	28t. LOCATION (Street a City or Town, State) o the cause(a) and manime, date and placa, an SER	iner as stated. d due to the ci	Rural Route Number, suce(s) and manner as state GNED (Month, Day, Year)			
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

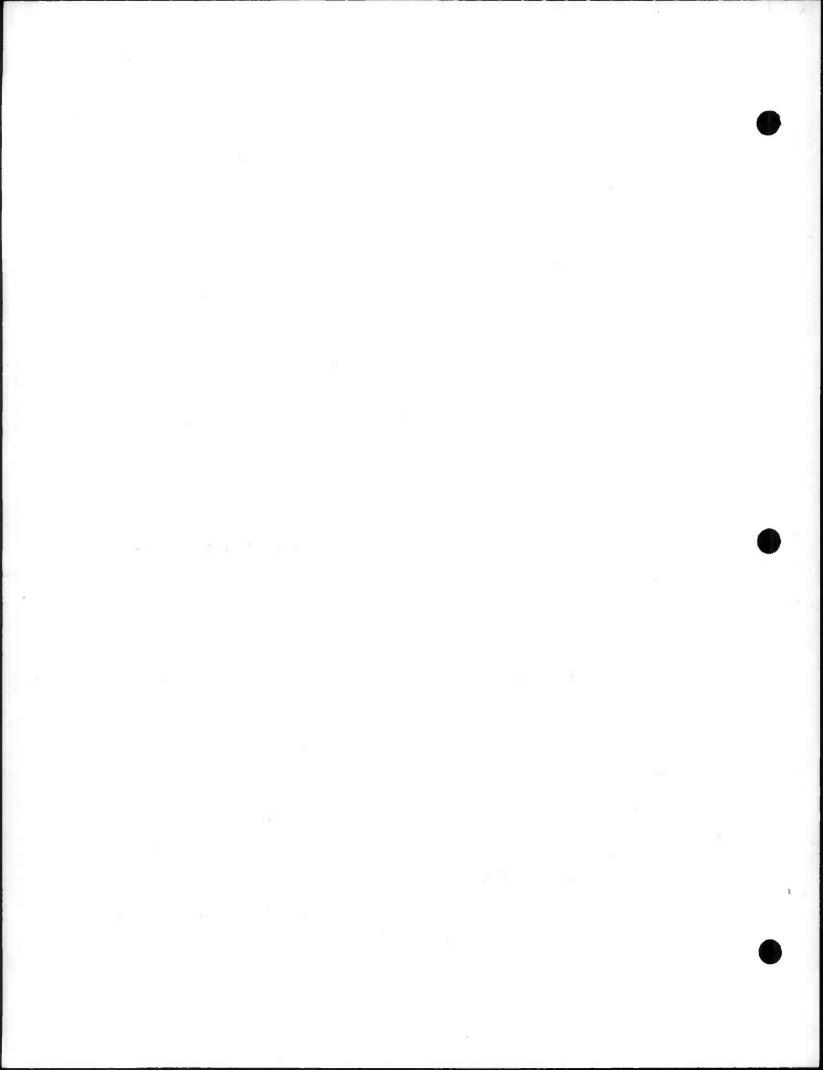
31. DATE FILED (Month, Day, Year)

JAN 1 1 1995

TO THE HUSHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the man 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

		D.K. S						95	00448		
		1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTN ERTIFIC	MENT OF I	HEALTH AND	MENTAL HYGIEN				
		1. DECEDENT'S NAME (First, Middle, Last)			A. L. J.	DEATH	2, DATE OF DEATH		3. TIME OF OEATH		
		JOHN G	FIORE					7 YE	AR		
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. les	l birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		5 1830 PM IRTHPLACE (State or Foreign		
		213-44-9058	1 X M 2 □ F 50	YRS. MO	NTHS DAYS	HOURS MIN.	December 2,	0	ountry) Maryland		
		9e. FACILITY NAME (If not institution, give s	reet and number)	98	a. CITY, TOWN	OR LOCATION OF E		9c. COUNTY O			
	DIRECTOR	1833 MCHENRY S	STREET	- 1		MORE CI		JE COOKITY	JI DEATH		
	Ä	10s. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCA	TION			10d. INSIDE CITY		
	ā	Md.		Ba]	ltimore				1 X YES 2 NO		
	AL	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
	E	1833 McHenry St.				2122	3	1	JSA		
	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AR	MED	13. WAS DEC		ANIC ORIGIN? (Specify Yes		RACE — American Indian.		
		1 Never Married 2 Married	FORCES? 1 YES 2 X N IF YES, GIVE WAR OR DATES	10	If yes, sp		en, Puerto Rican, etc.)		Black, White, etc.		
	ВУ	3 Wildings 4 Divolced									
	ED	16. DECEDENT'S EDUC (Specify only highest grade		CEDENT'S USU	UAL OCCUPATION	ON and unadring	16b. KIND OF BU	SINESS/INDUSTS	TY .		
	<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Do NOT use re	tired.)	ist or working					
el	MP	9 Clerk Grocery									
once.	COMPLET	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)									
# F	BE	Gabriel Fiore Lourve Webb									
notified	0	19a. INFORMANT'S NAME (Type/Print)	191				Route Number, City or Tow	n, State, Zip Code)		
be no	-	Alice K. Dicus		1831 M	1cHenry	St., Ba	alto., Md.	21223			
must b		20a. METHOD OF DISPOSITION 1 X Buriel 2 □ Cremation 3 □ Ramo	20b. PLACE/	ND DATE OF D	ISPOSITION (Na	ime of		CATION - City o	or Town, State		
		4 Donation 5 Other (Specify)	Loudo	n Park	Cemet			timore,	Md.		
examiner		21. SIGNATURE OF FLIMENAL SERVICE LICENSED 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home of Elk., Inc.									
oval.	Щ	- Lang	L. Loufmes	market .	5695 M	lain St.	. Elkridae.	Md. 2	21227		
or removal medical		23. PART I. Enter the diseases or of shock, or haert failure.	complications that coursed the de List only one cause on each line	ath. Do not	enter the mo	de of dying, au-	ch as cardiec or reap	retory arrest,	Approximata Interval Batween		
the m		IMMEDIATE CAUSE (Final	1.4	0				.1	Onset and Death		
Hygiene prior to burial, cremation, or other traumatic event, the	J	disease or condition resulting in death)	. Atherosc	lewto	c Co	relio V	ascular	Klisea	u		
event,			DUE TO (OR AS A CONSEC	DUENCE OF):							
giene prior to buria other traumatic	S	Sequentially list conditions,	h								
or to	RTIFICATION	If any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A CONSEC	DUENCE OF):							
er tr	은	CAUSE (Disease or Injury	DUE TO (OR AS A CONSEC	HENCE OF							
lygier of	Ē	that initiated events reaulting in death) LAST	DOE TO (OT AS A CONSEC	OENCE OF J.							
	B										
of Health and Mental		PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
any	EDICAL	Diebetas	nellips				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
shows									OF DEATH?		
	Σ										
Dept.	IAN:	25 WAS CASE REFERENCE TO MEDICAL									
State	25. PLAGE OF BEATH (Creek only one) 26. PLAGE OF BEATH (Creek only one) 27. PLAGE OF BEATH (Creek only one) 28. PLAGE OF BEATH (Creek only one) 29. PLAGE OF BEATH (Creek only one) 29. PLAGE OF BEATH (Creek only one) 20. PLAGE OF BEATH (Creek only one) 20. PLAGE OF BEATH (Creek only one)										
i, o	È	27. MANNER OF DEATH	26s. DATE OF INJURY	28b. TIME OF			28d. DESCRIBE HOW I	NJURY OCCURE)		
r death with	7	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WC	PRK?					
death s mar	BY	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJURY — At hor	ma, farm, stree			28f. LOCATION (Street a	and Number or Ru	ral Bouta Number		
\$ # 2	9	4 Homicide 6 Could not be	building, atc. (Specify)		.,		City or Town, State)	W 110			
hours	9	29a. CERTIFIER 1 CERTIFYING PHYSIC	TAN: To the heat of an income.	ab income a	Ab. de	Same and		enros de con			
= 3	MP	one)	CIAN: To the best of my knowledge, das 3: On the basis of axamination and/or is						Loren Star and Co., No. of Str.		
MAT	8			eeuyetton, In	тиу ориноп, с						
Page 1	¥	296. SIGNATURE (NO TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) JAN. O.C.M.E 8,1995 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) Penn Street, Baltimore, Maryland 21201 111 32. REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: Il tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	Items20b,22	1-11-95	FilmG719	9 W.I	l.Per	F/I	Į				95	5 0	0449	
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	RTMENT	OF H	EALTH DEAT	AND N		HYGIEN REG. NO.	E			
1100	1. DECEDENT'S NAME (First, Middle, Last)	Marilyn 1							2. DATE OF MONTH Janua:	DEATH	199	5 ^{YEAR}	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 212-34-9782	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR DAYS	IF UNDER		7 DATE OF			6. BIRTH	PLACE (State or Foreign	
DR	9s. FACILITY NAME (II not institution, give st Franklin Square		1		9b. CITY,		R LOCATIO		ATH 9c. COUNTY OF					
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY LIMITS?		
	Maryland 100. STREET AND NUMBER	Baltimo	re			101.	ZIP CODE	Ess	ex		10g. CIT		1 ☐ YES 2 ☑ NO THAT COUNTRY?	
FUNERAL	1031 Foxwood Lan	12. WAS DECEDEN	ENT EVER IN U.S. ARMED 13. WAS DECENDEN				ENDENT O	212 F HISPANI		Specify Yes		14. RACE	States American Indian,	
ВУ	35 Wildowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 □ NO Specify:								Black Specif	, White, stc.				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 9 Years	completed) College (1-4 or 5	(Gi life.	Do NOT us	usual oc work done di se retired.)	CUPATIO uring mos	N st of working	g	16b, KI	ND OF BUS	viness/ini			
	17. FATHER'S NAME (First, Middle, Last) Charles Hoover								AE (First, Midd a Wel		Surname)			
TO BE	190. INFORMANT'S NAME (Type/Print) Donna Ziolkowski						nd Number	or Rural A	oute Number,	City or Town			21	
	20s. METHOD OF DISPOSITION 120 Burlel 2 Cremation 3 Remote 4 Donation 6 Other (Specify)	wal from State	20b. PLACE A cometery, created the LIV	ND DATE	ther place)	m. C	dns.						er, MD	
	21. SHOHATURE OF FUNERAL SERVICE LIC	J. J.							eral				1k, Ic Inc. 222	
	23. PART I. Frier the diseases, or composition of the composition of t	lat only one ceu	iee on eech line		not enter t	the mod	de of dyle	ng, such	ss cerdled	or reepi	ratory an		Approximate Intervel Batween Oneat and Death	
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	A HEN	15 (hem (OR AS A CONSEC OSCILLO (OR AS A CONSEC	LC DUENCE OF	Car Car F):	dro	Vare	uln	de	serv	K			
CERTIFI	thet initisted eventa resulting in death) LAST		(OR AS A CONSEC	UENCE O	F):									
MEDICAL (PART II. Other significent conditions	contributing to	deeth but not re	eulting	In the unc	derlying	ceuse g	iven in F		e. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN:	DID TOBACCO USE CONTR				S N		UNC	ERTAIN						
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpetient 2 Inpetient 2 Month, D	INJURY	26b. TIM		ing Home 28c. INJU WOI	JRY AT		Other (S		JURY OC	CURED		
red BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE O building,	M 1 VES 2 NO PLACE OF INJURY — At home, farm, street, tactory, office building, stc. (Specify)					28f. LOCATIO City or To	ON (Street sown, State)	nd Number	or Rural Ro	oute Number,		
COMPLET	298. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION ON DESCRIPTION OF THE CERTIFYING PHYSIC DESCRIPTION OF THE CERTIFICATION OF THE CERTIFICATION OF THE CERTIFICATION OF THE CERTIFICATION OF THE CERTIFICATION OF THE CERTIFICATION OF THE CERTIFICATION OF THE CERTIFICATION OF THE CERTIFICATION OF THE CERTIFICATION OF THE CERTIFICATION OF THE CERTIFICATION OF THE CERTIFICATION OF THE CERTIFICATION OF THE CERTIFICATION OF THE CERTIFICATION OF THE CERTIFICATION OF THE CERTIFICATION OF THE CERTIFICATION OF THE CERTIFI												and manner on stated	
BE CC	296. SIGNATURE AND TITLE OF CERTYFIER 29d. DATE SIGNEQ (Month, Day, Year)													

29d. DATE SIGNED (Month, Day, Year) 9/95

2

29c. LICENSE NUMBER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

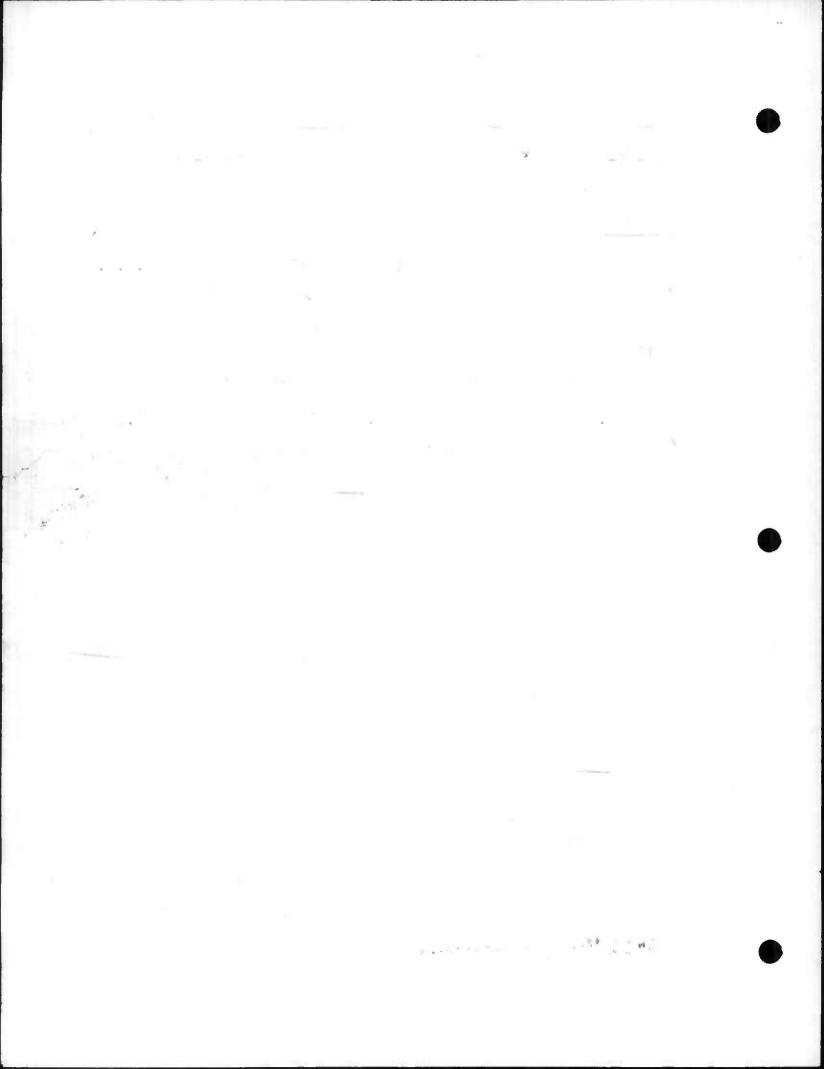
32 heriatriles signaturos films of william hersell

31. DATE FILES AND 11 1995

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-719 1/23/95 t.t ITEMS: 1.10a,22, PER F.H. FILM G-719 1/11/95 t.t

		1 - STATE REGISTRAR	STATE OF MARY		TMENT OF I		MENTAL	HYGIEN	Ε				
		1. DECEDENT'S NAME (First, Middle, Last)	ERIC ALEXANDER	GILMORE				OF DEATH		3	. TIME OF DEATN		
U		-ERIC-	A		GII	MOR	JAN	_		95 1	1:15	A	
		4. SOCIAL SECURITY NUMBER		(in yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE C	F BIRTN Day, Year)	8	. BIRTHPL Country)	ACE (State or Foreig	n	
p		217-82-2456	1 M 2 F	33 YRS.	BONTHS DAYS	HOOMS MIN.	07-	29-61			land		
3 should	~	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATN		9c. COUNT	Y OF DEA	тн		
	DIRECTOR	REAR OF 1714 N.	CASTLE ST	REET	BALTI	MORE C	ITY					_	
permit. Pages 1, 2,	E	10e. STATE MARYLAND 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCA	TION					Od. INSIDE CITY		
J.		Mas y Land		Baltimore					1	YES 2 NO			
ped	3AL	100. STREET AND NUMBER			10	1. ZIP CODE			10g. CITIZE	N OF WH	AT COUNTRY?		
an. Iransi	FUNER	4410 Bowleys	Lane Aparti	ment 1A		21206				S.A.	<u> </u>		
-AND 21215-0020 The hospital or attending physician, detached for use as the burial-transit once.	B	11. MARITAL STATUS 1 Married 2 Married 3 Widowed 4 Divorced		FORCES? 1 YES 2 NO			WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 — YES 2 NO Specify:						
r attend	0	15. DECEDENT'S EDU	ICATION	16s. DECEDENT'S	USUAL OCCUPATION	ON	16b.	KIND OF BUS	INESS/INDUS		Lack	_	
2121 al or atte	H	(Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a	work done during mo ne retired.)	ost of working							
AND 2. The hospital of detached for once.	P P	12		Car	penter			Carp	entr	У			
AN the hor detach	COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA							
2 × 5 ×	BE	Henry Anderson	n Gilmore			Doris	Eli	zabet	h Mo	ore			
MARY e retained to 5 should notified	2	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural I				,			
E, N y be n y be n be n	-	Doris E. Talle	ey	917	N. Coll	Lington	Ave	nue E	alto	., 1	D 2120	5	
ORE e 6 may tector, pag		20a. METHOD OF DISPOSITION 1 Burlel 2 Cramation 3 Ran	noval from State	D. PLACE AND DATE	OF DISPOSITION (No	ame of	DATE	20c. LOC	CATION - CH	y or Town	, State		
MC age 6 direct		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		rula Ric	ige Cer	netery	1/13	/95 B	alti	more	, MD		
BALTIMORE, ter death. Page 6 may be the funeral director, page oval.		son Funeral Service c/o Chatman Har:											
Se To Se		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between											
		IMMEDIATE CAUSE (Finel									Onset and De		
nation 1		disease or condition resulting in death) a. ACUTE NARCOTIC AND COCAINE INTOXICATION											
N 8 8 - 8			DUE TO (OR AS	A CONSEQUENCE OF	7):								
ation of the	8	Sequentielly list conditions,	b										
EOX ficate be ex physician a ne prior to	CATION	if any, leading to immediate cause. Enter UNDERLYING											
O. B. certificate ding physical ygiene pr	[윤	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF	T:						 		
Centing Hygie	RTIFI	resulting in death) LAST			,						j		
	B		d								1	_	
m - 5 = -	N N	PART ii. Other algnificant condition	ns contributing to death t	out not resulting i	n tha underlyin	g ceuse given in	Part I.	24a. WAS AN			ERE AUTOPSY FINDIP	IGS	
S that afth a afth a afth a	MEDIC							1 YES 2	□ NO	CC	OMPLETION OF CAUS F DEATH?	E	
AL RECOF he law requires that has been signed it Dept. of Health a n 23 shows any	뿔									1	YES 2 NO		
AL F le law r has be Dept.	Ϊÿ	DID TOBACCO USE CONT	RIBUTE TO CAUSE C			UNCERTAIN	4 🗆						
一 年 鲁希 5	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	H (Check only one) OTHER:								
PHYSICIAN: The this certificate h with the State I when the State I when the state I when you will be state I when you will be state I when you will be state I when you will be state I when you will be state I when you will be state I when you will be state I when you will be state I when you will be state I when you will be state I when you will be state I when you will be state I will be state	\ S	1XXES 2 □ NO 27. MANNER OF DEATN	1 Inpetient 2 ER/Out		4 - Nursing Norr			(Specify) I					
O 축 변화 호		1 Natural 6-Francing	28a. DATE OF INJURY (Month, Day, Year)	FOUND 10:45	E OF 28c. INJ	PRK?		RIBE NOW IN	JURY OCCUP	4ED			
ON DING F	B	2 Accident investigation	FOUND 1-6-95				UNKNOW						
ISI TTEN TTOR: after	TED	3 Suicide SXX Could not be determined	building, atc. (Spe	FOUND IN			City or		EAR OF	1714	N. CASTLE		
DIV OR A DIREC hours	1	29a. CERTIFIER 1 CERTIFYING PHYS	HYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.										
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	COMPLET		R: On the basis of examination								nd manner as atates	1.	
IE FUI d with	ш	29b. SIGNATURE AND TULE OF CERTIFIE	R 0 1.			29c. LICENSE NUN	IBER		29d. DATE S	IGNED (M	onth, Day, Year)	-	
で 5 8 M	0	- Denni	1 Chest			O.C.M.	Ε.				1995		
	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)							_	
			V	111 Pe	enn Str	reet, Ba	altir	nore,	Mar	ylar	id 2120	1	

32. REGISTRAR'S SIGNATURE



JD 21215-0020
RYLAN
MAR
IORE,
BALTIN
18
68760,
BOX 6

LON OF VITAL RECORDS, P.O.

THE PRICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.

THE PRICIAN: The law requires that been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

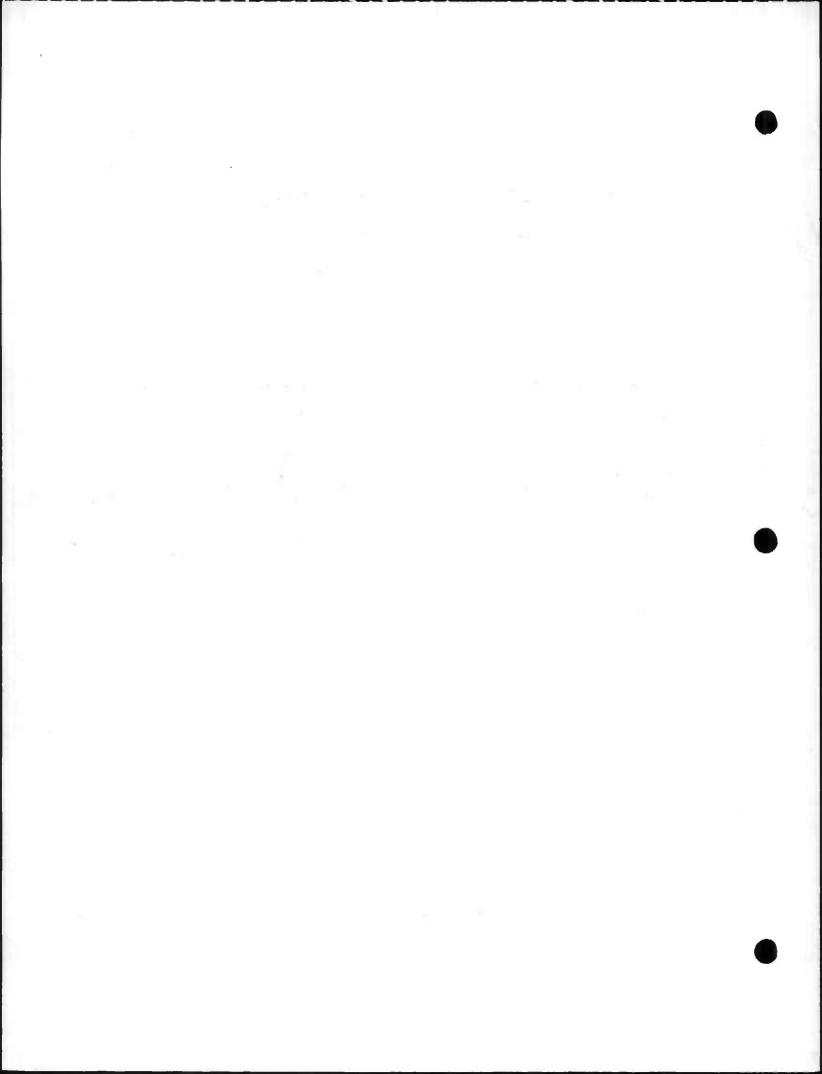
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TO THE HUSPITA
TO THE FLINERA
DE SIED WITHIN 72
IMPORTANT: II

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

_	TIEGIOTTIAN				OCITI	IOAI	L OI	DEAL	!П		IEG. NO.				
	1. DECEDENT'S NAME (First, ANAST)	=11E	LLE GNAU				2. DATE OF MONTH	DA	NY .	YEAR	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMB		5. SEX					1		01	04	+ 19	795	2:05 AM	
			1 M 2 X F	87	rs. lest birthday YRS.	MONTHS	DAYS	HOURS	B.P.P.L	7. DATE OF I	v. Year)	207	Countr		
	218-70-7669	0/	May 31, 1907												
œ	Good Samaritan Hospital						· · · · · · · · · · · · · · · · ·						EATH		
DIRECTOR	RESIDENCE OF DECEDENT						Baltimore City					N/F	N/A		
RE	10a. STATE	10c, C	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?				
	Maryland	Balti	more Cou	nty	Ba	ltim	ore							1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER							1. ZIP CODE				10g. CIT	IZEN OF W	WHAT COUNTRY?	
ji l	6801 Loch R	aven B						21204	ļ	<u>.</u>		U.S	5.A.		
5	11, MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 2	⊠ NO	13.	WAS DEC	ENDENT O	F HISPAN n, Maxicar	IC ORIGIN? (S	pecify Yea n, etc.)	or No-	14. RACE Black	— American Indian, c, White, atc.	
F YES, GIVE WAR OR DATES 1 ☐ YES 2 XNO Specify:								Spec/ Whit	ty:						
		EDENT'S EDUC		164	. DECEDENT	S USUAL C	CCUPATIO	ON	_	16b. KIN	D OF BUS	INESS/INI			
E	(Specify onl) Elementary/Secondary (0	highest grade	College (1-4 or 5	-)	(Give kind o	work done use retired.)	during mo	ost of workin	ig .						
4 P	7th Grade			H	Iomema.	ker				Own	n Hon	ne			
COMPLETED	17. FATHER'S NAME (First, MI		D-14 1							ME (First, Middl					
BE	Joseph Unk		Pelisek							Unknov					
2	Arthur Robe									loute Number, (21239	
	29a. METHOD OF DISPOSITI		u						юше		_			aryland	
	12 Burlel 2 ☐ Crematio	n 3 🗆 Remo	oval from Stata	cemates	ACE AND DATE	of DISPO	SITION (NE	ame of	1 /	DATE	20c. LO	CATION —	City or To	wn, State	
Donation 5 Other (Specify) GRATURE OF FUNERAL SERVICE UCENSEE Campatary, cremajory of other place) Campatary, cremajory of other place) HOLY Redeemer Cemetery 1/7/95 Baltimore, M. 22. NAME AND ADDRESS OF FACILITY									aryland						
	John C. Miller, Inc.														
_	1/4	$\langle A \rangle$	74-	1		64	15 E	<u>Belai</u>	r Ro	ad, Ba	altin	more,	Mar	yland 21206	
23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory strest, shock, or heart failure. List only one cause on each line.										rest,	Approximate Interval Between				
	disease or condition								Onset and Desth						
į									DAYS						
_			COROA											MONTHS	
5	Sequentially list condition if any, leading to immediate	Dris,	DUE TO	(OR AS A CO	NSEQUENCE	OF):)13 C	/13 0					MONTHS	
CERTIFICATION	csuse. Enter UNDERLYI CAUSE (Disesse or inju	NG	HYPE											YEARS	
	that initieted events resulting in deeth) LAS		DUE TO	(OR AS A CO	NSEOUENCE	OF):			_						
HH I	resulting in deeth) LAS														
	PART II. Other significe	nt condition	s contributing to	deeth but r	not resulting	In the u	nderiyin	g cause g	lven in i	Part i. 244	. WAS AN		24b.	WERE AUTOPSY FINDINGS	
EDICAL										1.1	PERFOR	. /		AMILABLE PRIOR TO COMPLETION OF CAUSE	
										_ '	120 2	<u> </u>		OF DEATH? 1 YES 2 NO	
2 3	DID TOBACCO U	SE CONTR	RIBUTE TO CA	USE OF D	DEATH Y	ES 🗆	NO [UNC	ERTAIN					· · · · · · · · · · · · · · · · · · ·	
M	25. WAS CASE REFERRED TO EXAMINER?	-			PLACE OF DE										
)Si	1 TES 2 NO		HOSPITAL: 1 ☑ inpetient 2 □	ER/Outpaties	nt 3 🗆 DOA	OTHE 4 Nu		a 5 🗆 Re	eldence (6 Other (Sp	eclfy)				
PHYSICIAN:	27. MANNER OF DEATH	- Constant to	28e. DATE OF (Month, D		28b. TI	ME OF	28c. INJ WC	URY AT		28d. DEŞCRII	BE HOW IN	JURY OC	CURED		
8		Pending Investigation				М	1 🔲	YES 2] NO						
		Could not be Setermined	28e. PLACE O building,	F INJURY — J etc. (Specify)	At home, farm,	atreet, fac	tory, offic			261. LOCATIO City or To	N (Street a wn, State)	nd Number	or Rural A	loute Number,	
COMPLETED	AA - OFFITTIES /														
M M	(Check only		CIAN: To the best of												
8				ramination and	d/or Investigat	lon, In my	opinion, d	leath occun	ed at the t	time, data end	place, and	d due to th	re cause(s) and menner sa stated.	
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (A															
P ATMY MD D 44397 01/04/									04/195						
ANAS MUGHARBIL, MD GOOD SAMARITAN HOSPITAL BOHTONS MA										ven Blvd 21239					
	JAN 11 1	995	132. REGISTRA	R'S SIGNATUI	J.										



	FOR	CTATE OF I				ICALTU	AND	MENTAL HYGIEN	J	0	00.00		
	1 - STATE REGISTRAR	SIMIE OF I			ICATE OF			MENIAL HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH		
	EMILY HAY HEPPER								AY 1. C	YEAR	44 05 . M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		95 4. BIRTI	HPLACE (State or Foreign		
	204-03-1782	1 🗌 M 2 💟 F	88	YRS.	YRS. MONTHS DAYS HOURS			(Month, Day, Year) September 1,	1906	Count	try)		
	9a. FACILITY NAME (If not institution, give		Λ 00				ON OF D		_	NTY OF C	ennsylvania		
CC					The state of the s		ON OF U	CAID	96. 000	MITOFL	PEAIN		
16	St. Agnes Hosp:	rraT			Baltimo	re							
DIRECTOR	10e. STATE 10b. COUN			10c. CIT	Y, TOWN OR LOCA	TION		-			10d. INSIDE CITY		
5	Md. 8a	ltimore									LIMITS?		
7	10e. STREET AND NUMBER				10	. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?		
FUNERAL	1926 Sulphur Sp	orina Rd				212	27			USA			
\(\bree \)	11. MARITAL STATUS	12. WAS DECEDED	T EVER IN U.S. AR	MED	13. WAS DEC			NIC ORIGIN? (Specify Ye			E — American Indian,		
	1 Never Married 2 Married	FORCES?	YES 2 X N	10	If yes, ap	ecify Cuba	n, Mexica	in, Puerto Rican, etc.)		Blac Spec	ik, White, atc.		
B	3 Widowed 4 Divorced					2 X NO	ориси	y.		Spec	white		
8	15. DECEDENT'S ED (Specify only highest grad	UCATION			USUAL OCCUPATION			16b. KIND OF BU	SINESS/thi	DUSTRY			
l iii	Elementary/Secondary (0-12)	College (1-4 or 5	Ma	Do NOT u	work done during mo se retired.)	ost of working	g						
를	4			Hom	emaker			Own	Home				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NA	ME (First, Middle, Maiden					
ш	John Hubley					1	vdia	Warner					
00	19e. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS (Street of				VVdTTTET ute Number, City or Town, State, Zip Code)				
2	Barbara A. Thoma	as		1926	Sulphur	Snr	ina	Rd., Balto	M	d	21227		
	20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOSITION /N	ame of			CATION —				
	1 Buriel 2 Cremetton 3 Ret	noval from Stata	Cemetery, cre	matory or o	Mount C	'eme+	עיזב	h /	ltim	-			
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	2	TCCII	22, NAME A	ND ADDRES	S OF FA	CILITY					
	1 / / / /	4 1	Λ	100	Gary	L. Ka	aufm	an Funeral	Home	e of	Elk., Inc.		
	Vale	0.10	ujoria	27	5695	Main	St.	, Elkridge	, Md	. 2	1227		
	23. PART I. Enter the diseases, or ahock, or heart tailurs	complications the List only one can	nt causad the da use on sach line	ath. Do	not anter the mo	de of dyl	ng, auc	h as cardiac or reap	ratory an	rest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final										Onset and Death		
	disease or condition reculting in death)	a. MYOCAR	DIAL INF	ARCT	. POSTER	RIOR	WALL	. ACUTE			5-10 Days		
		DUE TO	(OR AS A CONSEC	DUENCE O	e):						Jan Days		
Z	Sequentielly list conditions,	b. CORONAL				MARKE	ED				Years		
CERTIFICATION	If any, leading to immediate	OUE TO	(OR AS A CONSEC	OUENCE O	F):								
2	CAUSE (Disease or Injury	c											
쁜	thet initiated events resulting in death) LAST	OUE TO	(OR AS A CONSEC	DUENCE O	F):								
H	leading in death) EAST	d											
	PART II. Other significant condition	ne contributing to	deeth but not r	esulting	In the underlyin	o ceuse c	uiven in	Part I. 24e. WAS AN	AUTORGY	244	. WERE AUTOPSY FINDINGS		
. S	Carcinoma of the							PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL							Las	es X YES	□ NO		OF DEATH?		
	to Left Lung, Med										X YES 2 NO		
PHYSICIAN:	DID TOBACCO USE	CONTRIBUTI	TO CAUS	SE OF			NC						
宣	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26, PI	LACE OF D	EATH (Ch	eck only one)					
YS	1 TYES 2 NO	1	ER/Outpetient 3		4 - Nursing Horr		sidence	6 Other (Specify)					
ᇤ	27. MANNER OF DEATH 1 X Naturel 5 Pending	28e. DATE OF (Month, L		28b. TIM	JURY WO	URY AT ORK?		28d. DESCRIBE HOW	NJURY OC	CURED			
B	2 Accident Investigation					YES 2	NO						
	3 Suicide 6 Could not be	28e. PLACE (building.	OF INJURY — At ho etc. (Specify)	me, term,	street, factory, offic	•		28t. LOCATION (Street City or Town, Stelle)		r or Rurel	Floute Number,		
	4 Homicide determined												
29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner se stated.													
COMPLETED	1 1										e) and manner ee stated.		
EC	29b. SIGNATURE AND TITLE OF CENTIFI	6/0				29c. LICE	NSE NUI	WBER	29d. DAT	E SIGNE	D (Month, Day, Year)		
00	Michael Of	elc za	W N	10			9990						
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type	, Print)	שטע	フフプ(J		all.	9, 1995		

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

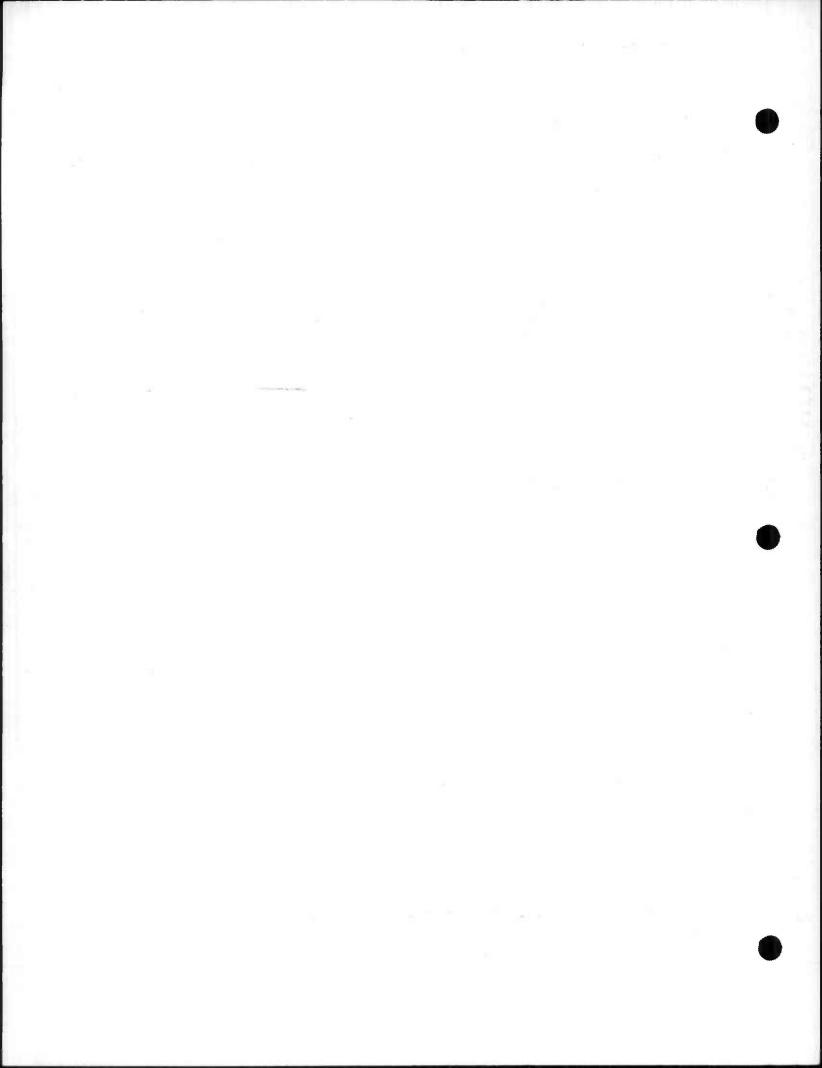
HERMAN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an above after death. Page 6 may be retained by the hospital or attending physician.

HERMAN DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after the control of the control

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	HEGISTHAH		C	ERIIF	ICATE OF	DEA	I H	REG.	NO.	_		
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEAT			3. TIME OF DEATH	
	HAZEL	H	ARRELL			JANUARY 9, 1995 6:25P M						
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR				IF UNDER	0.04.1000					
					MONTHS DAYS	HOURS	MIN.	(Month, Day, Yo	ur)	8. BIFT		
	214-20-0554	1 - M 2 F	88	YRS.				Jan 4,	1907	N	Maryland	
	9a. FACILITY NAME (If not Institution, give s	treet and number)			9b, CITY, TOWN	9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D						
1 5	GREATER BALTIMORI	CENTER		TOWSON BALTIMO						77		
IK	RESIDENCE OF DECEDENT	7 112220112	CHITTER		1000	7.4			BE	ALTIMO	RE	
Ĭ	10a. STATE 10b. COUNT	1		10c. CIT	Y, TOWN OR LOCA	TION					10d, INSIDE CITY	
Maryland Baltimore 106. STREET AND NUMBER 4109 Fernhill Avenue 11. MARRITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No.—) 14. RACE									LIMITS?			
										1 YES 2 NO		
									. CITIZEN OF	OF WHAT COUNTRY?		
									USA			
									CE — American Indian, ck, White, atc.			
	1 Never Married 2 Merried	FORCES? 1 L	YES 2X N	10				n, Puerto Rican, etc	.)			
a 3 X Widowed 4 Divorced												
COMPLETED	15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL OCCUPATI	ON		16b. KIND O	BUGINES	C/INDLICTOV	Black	
I E I	(Specify only highest grade		(Gi	Do NOT us	work done during me	ost of working	ng	TOUR KIND OF	00311123	JAN DOSTAL		
12	Elementary/Secondary (0-12)	College (1-4 or 5+)	- 1					1				
Σ	12th Grade			He	omemaker							
8	17. FATHER'S NAME (First, Middle, Last)					18. MOT	NER'S NA	ME (First, Middle, Me	iden Suma	me)		
BE	Lawrence Young					He	1en	Shipley				
	19e. INFORMANT'S NAME (Type/Print)		198	. MAILINO	ADDRESS (Street			Poute Number, City o	Town, Stat	te. Zin Codel		
2	Donald S. Harrel	1 Tw								., ., ,		
	20a, METHOD OF DISPOSITION	1.7 01.					nue	Balti				
	1 XBurial 2 Cremetion 3 Rem	oval from State	cemetery, crea	matory or o	OF DISPOSITION (Na			Jan I	. LOCATIO	N — City or T	own, Stata	
	4 Donetion 5 Other (Specify)		New C	athe	dral Com	eter	У	1/1 D	altir	more,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY NITHER FUNERAL HOMES TOG										Homes, Inc	
	bha	0000			K2-1 6	мушт	S ra	J.J.S Park	way		,	
Щ	Jany d.	Low			Bal.tim	ore,	Mar	yland 2	1216			
	23. PART I. Enter toe disesses, or o shock, or haert fellure.	complications that o	coused the de	sth. Do r	not enter the mo	de of dy	ing, sucl	h as cardisc or r	eepirator	y arrest,	Approximate	
1 1	iMMEDIATE CAUSE (Finel										Intarvel Between Onset and Death	
1 1	disease or condition	LUNG	Ca	NI	0=0						Oliset and Death	
1	resulting in death)	8.			- 7							
		0 8/5	// M //	A CA	-):							
CERTIFICATION	Sequentielly list conditions,	b. Plue	appor	AS A CONSEQUENÇE OF): AS A CONSEQUENCE OF):								
۱Ĕ۱		DUE TO (O	R AS A CONSEC	DUENCE OF	F):	L						
2	cause. Enter UNDERLYING CAUSE (Diseese or Injury	DUE TO (O	ERC	140	EMIN							
<u> </u>		DUE TO (O	R AS A CONSEC	UENCE OF	F):							
	resulting in death) LAST	MALA	JUTA	1 71	0~							
12												
4	PART II. Other significant condition	e contributing to de	eth but not re	esulting i	n the underlyin	g cause g	given In		AN AUTO		b. WERE AUTOPSY FINDINGS	
EDICAL									FORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE	
					181			_ ''"	S 2 N	0	OF DEATN?	
Σ											1 YES 2 NO	
۱ÿ۱	DID TOBACCO USE CONTI	RIBUTE TO CAU	SE OF DEA	TH YE	S ZHNO L	JUNC	ERTAIN	4 🗆				
181	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLAC	E OF DEAT	N (Check only one)							
S	1 - YES 2 5 NO	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER: 4 Nursing Hom	te 5 □ Ra	sidence	8 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF IN		28b. TIM	E OF 28c. INJ	URY AT	1	28d. DEŞCRIBE N	OW INJURY	OCCURED		
	Naturel 5 Pending	(Month, Day,	Year)	INJ		ORK? YES 2	NO.					
6	2 Accident Investigation	280 PLACE OF I	MILIDY ALL	44 164 000			o					
8	3 Suicide 8 Could not be 4 Nomicide determined	building, etc	c. (Specify)	me, term, a	itreat, factory, offic			281. LOCATION (St City or Town, S	reet and Nu Tate)	imber or Rural	Route Number,	
151												
COMPLET	29a. CERTIFIER (Check only	CIAN: To the beat of m	y knowledge, dea	ath occurre	d at the time, data	and place.	, end due	to the ceuse(e) and	menner e	e stated.		
\≊											(a) and manner as stated	
H	296 SIGNATURE AND TITLE OF CERTIFIEF	1 1	000			29c. LICI	ENSE NUM	IBER (29d.	DATE SIGNE	Month, Day, Year)	
0	0 134184 111195									195		
F	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEN	1 27) (Type,	Print)		00				4.2	
	KAYMOND A.	NZE MI	DA.	7	PU/ YU	KK	(4)	4300 7	ows	ron 1	mJ2204	
	31. DATE FILED (Morgh, Day, Year).	/ 32 HEGIN AND	Santallo	-0				1.				
	IAN 1 1 1995 /	w a man										
1 8	JAN										1	

		1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DE CER	PARTMEN TIFICAT	T OF H	EALTH AND DEATH	MENTAL HYGIE				
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH		FAST	TIME OF DEATH	
		WILLIA 4. SOCIAL SECURITY NUMBER		(In yrs. last birt	NAS	H T YEAR	IF UNDER 24 HRS.	January 7. DATE OF BIRTH			10:00 A M	
9		217-01-6238	1 🔀 M 2 🗆 F		RS. MONTHS	DAYS	HOURS MIN.	(Month, Day, Year)		Country) Delaw	ICE (State or Foreign	
Should		Sa. FACILITY NAME (If not institution, give st	reet and number)		96. CIT	Y, TOWN C	R LOCATION OF D		9c. COUNTY	OF DEAT	H	
2,	CTOR	7304 Dunman Way Baltimore										
- S	I iii	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	10	c. CITY, TOWN	OR LOCAT	TON			10	1. INSIDE CITY	
t. Pages	DIR	Md.			Baltin	ore					LIMITS?	
permit.	AL	10e. STREET AND NUMBER				101	. ZIP CODE		10g. CITIZE		COUNTRY?	
5-0020 ding physician. : the burial-transit p	FUNERAL	7304 Dunman Way					21222		ι	ısa		
yskia rial-tr	15	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1. YES	IN U.S. ARMED	13	WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify '	Yea or No- 14	Black, WI	American Indian,	
0 5 5	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR ON	DATES			2 NO Specif			Specify:		
47 8 8	ED	15. DECEDENT'S EDUC	CATION		ENT'S USUAL	CCUPATIO	DN	16h KIND OF E	USINESS/INDUS		hite	
2127 al or attroper use	E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give ki	nd of work done VOT use retired.	during mo	st of working	Total tallio of a	,			
	필	12			Engine	er		Be	ndix Co) .		
4 2 5 E	COMPL	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Maid				
2 8 8 E	BE (Unknown		Nash			Flonor	C.	Unkno	wn		
A place of	0	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or T		ide)		
A12		Samual Thom						son Md. 2				
		20e. METHOD OF DISPOSITION **Burlal 2 Cremation 3 Remo	oval from State Co	b. PLACE AND I	ry or other place	1			LOCATION - CIT			
Page 6 m I director, ler must		4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	leadowr	idge M	emor	ial Park	1-16-95	Elkrid	ge M	d	
death. Page tuneral dire		▶ K-1 0	PO								21204	
- 27	Н	22 BART I Fotos the disease as a	1		R	uck '	Towson F	.н. 1050	York Rd	. To	wson Md.	
5 E E E		23. PART i. Enter the diseases, or c ahock, or heart fellure. I	List only one ceuse on	each lina.	Do not ente	r the mo	de of dying, auc	ch as cerdiec or ree	epiratory arrea	t,	Approximata Interval Between	
F S E S		IMMEDIATE CAUSE (Final disease or condition										
ted within 24 completely fills all, cremation, event, the		disease or condition as polyment of the second sequence of: Due to (or as a consequence of): Sequentially list conditions. A deep years through as is.										
B 6 4 6	2		deep i	0 - 11	, <	Hh r	mbo	Sis		i		
8 28 E	ERTIFICATION	if any, laading to immediata DUE TO (OR AS A CONSEQUENCE OF):										
sate be hysiciar prior trau	2	cause. Enter UNDERLYING CAUSE (Disease or Injury										
nding physical program of the progra	ᄩ	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUEN	ICE OF):							
1 4 5 5	병	d										
三音音音		PART ii. Other aignificent conditions	tions contributing to death but not resulting in the underlying ceues given in Part i. 24s. WAS AN AUTOPSY PREFORMED? AMALABLE PRIOR TO									
	MEDICAL	CAD COO	egulation	defi	cit	on	como			CON	MPLETION OF CAUSE DEATH?	
requires thaten signed I shows amy											YES 2 NO	
IAL KECO The law requires th tte has been signed ate Dept. of Health em 23 shows an	ÿ	DID TOBACCO USE CONTR	RIBUTE TO CAUSE (UNCERTAI	N B				
N: The hicate h State	PHYSICIAN:	26. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHE	R:						
SICIAN: The Certificate the State the State i, or item	1×S	27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Out	-	OA 4 Nu	26c. INJ		6 Other (Specify) 28d. DESCRIBE HOY	IN HIM COOL	-		
NG PHYS frer this eath with		1 Natural 5 Pending	(Month, Day, Year)		INJURY	WO	RK?	280. DESCRIBE HOT	r INJUNT OCCUP	EU		
ADING After death	D BY	2 Accident investigation 3 Suicide 6 Could not be	26s. PLACE OF INJUR	Y — At home, f	arm, street, fac			28t. LOCATION (Street	nt and Number or	Rural Route	Number,	
2 12 15 18 25	밑	4 Homicide datarmined	building, atc. (Spi	вспу)				City or Town, Star	fe)			
RO OR INC.	PLE	29a. CERTIFIER (Check only	CIAN: To the best of my know	wledge, dasth o	ccurred at the	time, data	and place, and due	to the cause(s) and m	sanner as stated.			
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: 11 i	COMPL		R: On the beals of examination								d menner as stated.	
TO THE HOSPIT TO THE FUNER DE filed within	ш	29b. SIGNATURE AND TITLE OF CERTIFIER	111				29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Mor	nth, Day, Year)	
E E E M	TO B	1/1	Hove				DYI	104	> (- 9.	95	
	۴	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27)	(Type, Print)							
		Theodore Houk, M 31. DATE FILED (Month, Day, Year)		rk Rd.	Towson	, Mo						
		JAN 11 1995	32. REGISTRAP'S SIG	war Rando	Il.							



BALTIMORE, MARYLAND 21215-0020 VISION OF VITAL RECORDS, P.O. BOX 68760

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אוני מיני ישני הלקייני היי היי היי היי היי היי היי היי היי	MECHA: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
9	Y.	de	
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	450	39	

J. Laron Locke M.D.

31. DATE FILED (Month, Day, Year)

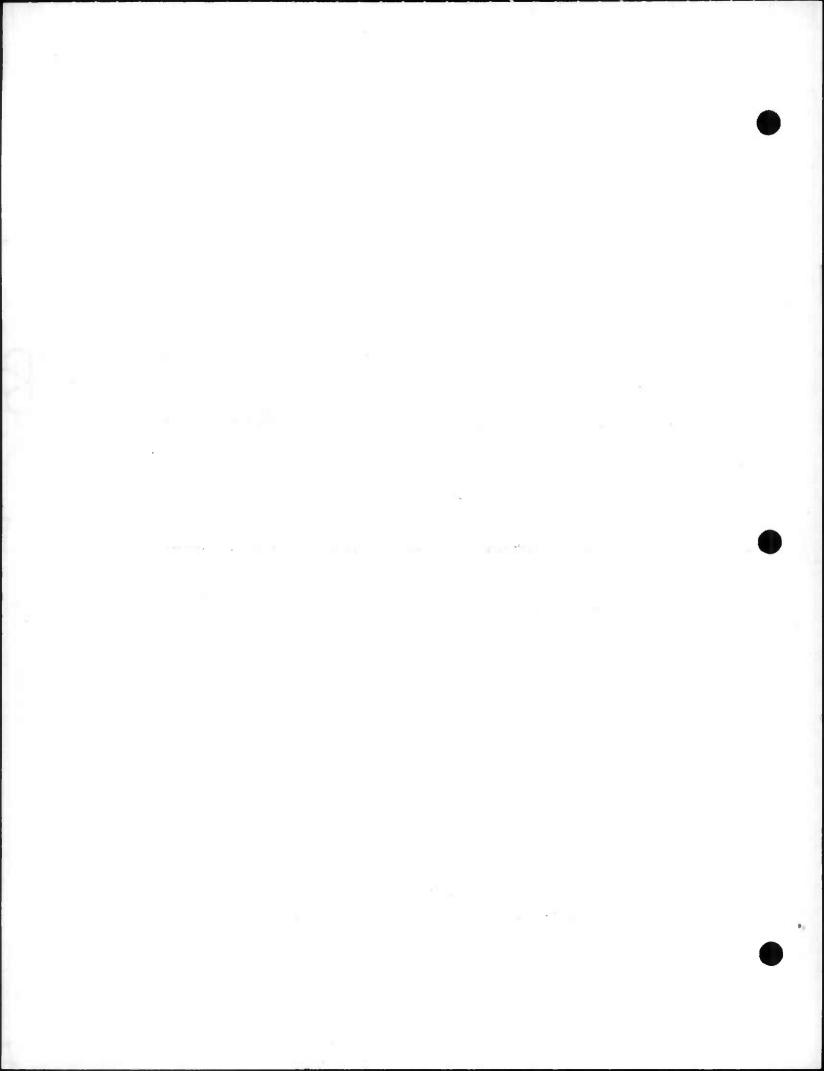
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32 REGISTRAR'S SCHATURE

A COLAN SCURITY MANSERS 11 SET 26 83 YRS 12 SET 26 5-6693 12 SET 26 SET 27 S											20	U	0400	,
MARGARET Stewart HOEHN A DOOM SIGNAY MARKET AND A STEWART STEWART OF A STATE AND A STEWART STATE AND A STEWART STATE AND A ST		1 STATE	STATE OF M						MENTA		_			
MARGARET SEWARTH HOEMN JAN 05 1995 9:58 A 1. DOCAL SECURITY MARKET OF SEMANTAL SERVICE AND ROY PRODUCTION OF MARKET AND AND PRODUCTION OF MARKET AND PRODUCTION OF MARKET AND AND PRODUCTION OF MARKET AND AND PRODUCTION OF MARKET AND AND PRODUCTION OF MARKET AND AND PRODUCTION OF MARKET AND AND PRODUCTION OF MARKET AND		1. DECEDENT'S NAME (First, Middle, Last)							2. DATE				3. TIME OF DEA	ATH
A DOCAL SECURITY NAME (I) A DECEMBER 150 IN TAKE PROPERLY SET OF SECURITY CASE (I) THE 2 PM S 3 YES SET OF SECURITY CASE (I) OF SECURIT		MARGARET Ste	wart		F	HOEHN								Ам
The state of the properties							AR IF UNDE	R 24 HRS.	7. DATE	OF BIRTH		s. BIRTI	HPLACE (State or I	
A SACULT MANUE (or entermine) are control managery A SACULT MANUE (or entermine) are control managery B ALTERIOR COLOR OF CANADA No. COLOR OF CANADA No. TITLES MAN NAMEBER NAME NAME COLOR MAN NAME OF MAN NAME COLOR MAN N		215-05-6963	□ M 2 🔀 F	83	YRS.	MONTHS DA	E DAYS HOURS MIN.					212		
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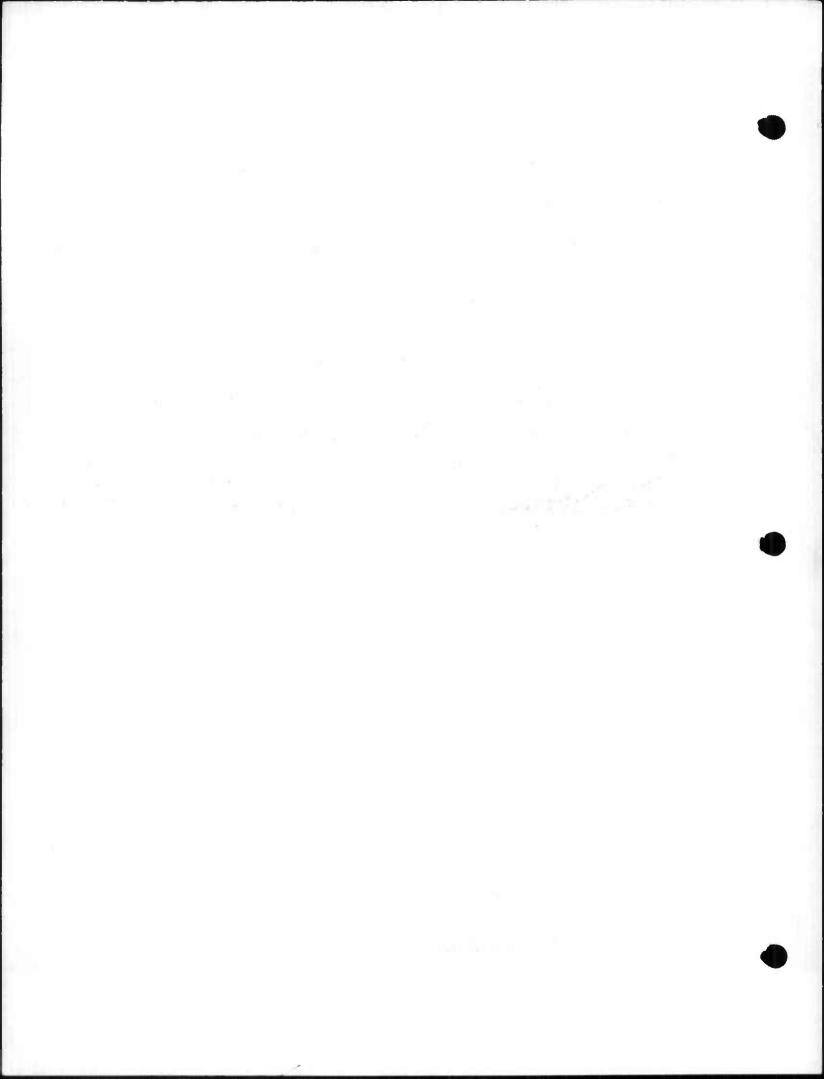


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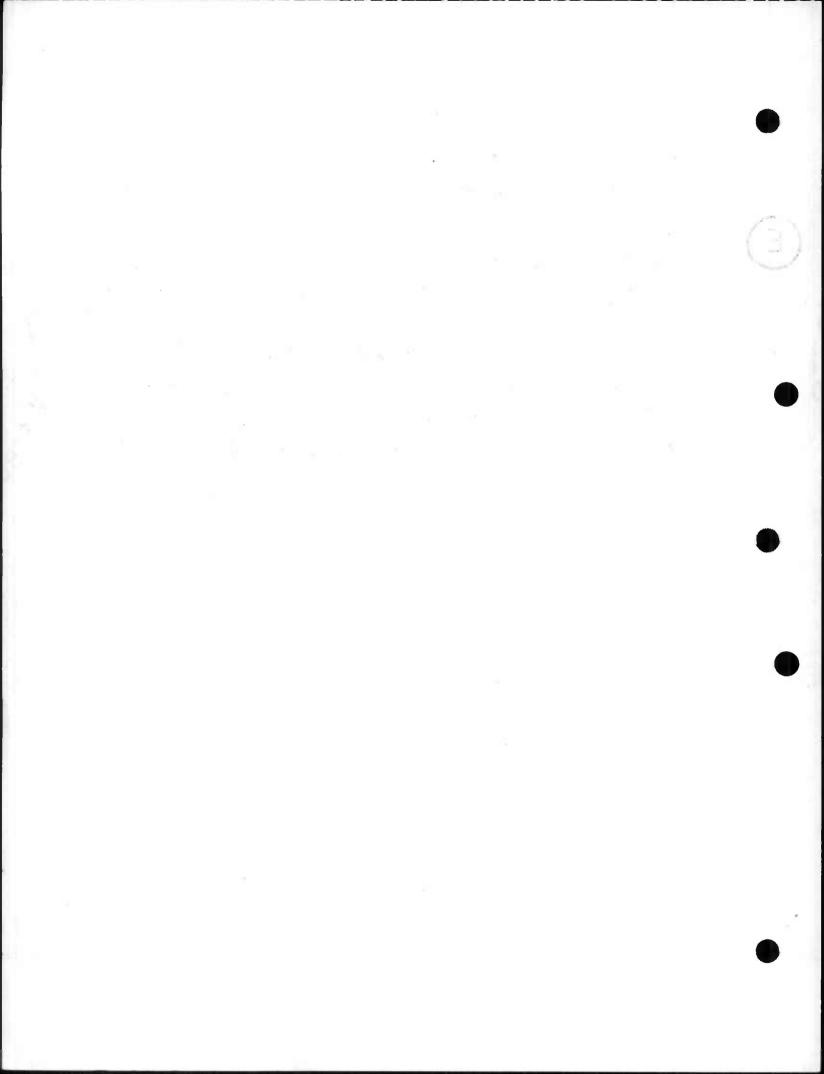
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重量音音	Ar.	PART II. Other significant conditions	contributing to deeth be	ut not resulting in th	underlying	g cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
P of it	MEDIC							3 2 ☑ NO	DF DEATH? 1 ☐ YES 2 ☑ NO			
I TAL III. II. The law cate has bo State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Ности			ACE OF DEATH (C)	neck only one)		J			
PHYSICIAN: The this certificate hi with the State Direct Ked, or Item	IYSI	1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Outp	atlant 3 DOA 4			8 Other (Specify)					
	ву рну:	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY		URY AT RK? (ES 2 NO	28d. DESCRIBE HO	W INJURY OCCUP	RED			
CIDE AND		3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, street,	factory, office		281. LOCATION (Street end Number or Rural Route Number, City or Town, State)					
	COMPLET		CIAN: To the best of my knowless on the basis of examination						cause(s) end manner es stated.			
TO THE HOSPI TO THE FLATE De filed with	BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1. 1.			29c. LICENSE NU		29d. DATE S	HGNED (Month, Day, Year)			
2 2 2 X	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Tona Drive		D35	572	- 1/	10/95			
1		David -	J. Kah	lan,	am	· ST	AGNES 1	LOSPITAL	, BALTIMORE, IMP.			
		JAN 1 1 1995 Jul	TRECISTRAR DIGN	ATURE								



E		an.	ransit permit. Pages 1, 2, 3 shou	
	BALTIMORE, MARYLAND 21215-0020	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		#1 Pilm071	0 1/11/05)					95	00457
		FOR 1 STATE	9 1/11/95 k STATE OF MARYLANI	D / DEPARTM			MENTAL HYGIEN	IE	
Γ		REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, List) Aggles 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							3. TIME OF DEATH
	1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs	_		F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1995 8. BI	RTNPLACE (State or Foreign
		9a. FACILITY NAME (If not institution, give stre	1 M 2 F Set and number)) 9 YRS.	b. CITY, TOWN OR L	OCATION OF DE	08-04-1	9c. COUNTY 0	MARYLAND
	ECTOR	NORTH WEST HOSPITAL RESIDENCE OF DECEDENT							THORE
	DIRE	10a. STATE 10b. COUNTY	ALTIMORE		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
	ERAL	100. STREET AND NUMBER	185T COURT	_	10f. ZII	2/20	7	10g. CITIZEN C	F WHAT COUNTRY?
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yea, specif		IC ORIGIN? (Specify Yes, Puerto Ricen, atc.)	or No- 14. R	ACE — American Indian, lack, White, etc.
	0	15. DECEDENT'S EDUCA (Specify only highest grade or	NTION 16a	. DECEDENT'S USU	done during most o	f working	16b. KIND OF BU	SINESS/INDUSTR	BLACK
8	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	5CHOO	L PRIN	CIPAC	Ed	UCATI	ON
76	BE CO	17. FATNER'S NAME (First, Middle, Last) FRANK J. SE	WELL		18	L MOTHER'S NAI	ME (First, Middle, Malden 21ELA	Suppagno) MARS	HALL
notifi	2	19a. INFORMANT'S NAME (Type/Print) HILTON J. HAK	eris JR	19b. MAILING AD	ORN hu	Number of Rural R	CDURT	RALTIN	ME MARINA
must be	İ	20s, METHOD OF DISPOSITION 1		ACE AND DATE OF D	DISPOSITION (Name of	e h O OV	1/14 BA	CATION - CHY O	Town, State
examiner		21. SIGNATURE OF FUNERAL SERVICE LICE	Ages	22. NAME AND	DDRESS OF FAC	EROS	N Com	MUNITY Flat	
medical ex									Approximate
ê E		IMMEDIATE CAUSE (Final disease or condition resulting in death)	Preumor						Interval Between Onset and Death
ic event,	z		DUE TO (OR AS A COM						P
other traumatic	TIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING							
r other	CAUSE (Disease or Injury that initiated events reaulting in death) LAST								
injury, or	IL CER	PART II. Other algoriticant conditions				ausa givan in i			24b. WERE AUTOPSY FINDINGS
shows any injury,	MEDICAL	Vanered	He Care	inon			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
21					/				1 TES 2 LNO
23 st	A I	DID TOBACCO USE CONTRI				UNCERTAIN	• 🗆 📗		
item 23	YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	26. PHOSPITAL: 1 Lapatient 2 ER/Outpatien	PLACE OF DEATH (0					
or item 23	¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Willural 5 Pending	26. P	PLACE OF DEATH (0	Check only one) THER: Nursing Nome 5 F 28c. INJURY WORK?	i ☐ Residence		NJURY OCCURED	
28 is marked, or item 23	ED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Willural 5 Pending	26. PHOSPITAL: 1 Laptilent 2 ER/Outpatient 28a. DATE OF INJURY	PLACE OF DEATN (Cont 3 DOA 4 DOA 18 D	Check only one) THER: Nursing Nome 5 F 28c, INJURY WORK? M 1 YES	Residence	B Other (Specify)		
item 28 is marked, or item 23	MPLETED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Willural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	26. PHOSPITAL. 26. PHOSPITAL. 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — A	PLACE OF DEATN (to a series of the series of	Check only one) THER: Nursing Nome 5 F 28c. INJURY WORK? 1 YES pt, factory, office	AT 2 NO	8 Other (Specify) 28d. DESCRIBE NOW II 28f. LOCATION (Street a City or Town, State)	and Number or Rui	al Route Number,
PORTANT: if item 28 is marked, or item 23	PLETED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Willural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	28. PLACE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY — A building, etc. (Specify) AN: To the best of my knowledge On the basis of examination and	PLACE OF DEATN (to a second of the second of	Check only one) THER: Nursing Nome 5 F 28c. INJURY WORK? 1 YES ot, factory, office	AT 2 NO	B Other (Specify) 28d. DESCRIBE NOW I 28f. LOCATION (Street a City or Town, State) to the cause(a) and mar time, date and place, an	and Number or Rui	al Route Number,



tained by the hospital or attending physician. Should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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1 - FOR STATE REGISTRAR	_	STATE OF I	MARYLAND /	DEPAF ERTIF	RTMENT (OF H	IEALTH DEAT	AND I	MENTAL HYGIEN				
1. DECEDENT'S NAME (First Mayme	0ressa	Jones								9 :	1995	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 5. SEX 8. AC				t birthday) YRS.	MONTHS C	EAR MYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Morth, Day, Year) August 2, 1	904	Count	RTHPLACE (State or Fore	
9a. FACILITY NAME (If not in Meridian-I	Hamilto		ng Home		9ь. сіту, то Ва		more		EATH	9c. COI	JNTY OF E	DEATH	
Maryland	10b. COUNTY				y, town or Baltim							10d, INSIDE CITY LIMITS? 1 X YES 2 N	
1909 Swans	sea Roa	ad				101	2123					WHAT COUNTRY? States	
11. MARITAL STATUS 1 Never Married 2 3 X Widowed 4 Dive	Married	FORCES?	NT EVER IN U.S. AR I YES 2 X MAR OR DATES	MED	If y	es, sp	ENDENT O	n, Mexica	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	a or No—	14. RACI Blac Speci	E — American Indian k, White, etc. Hy: White	
	EDENT'S EDUC y highest grade 3-12)		+) (Gi	Do NOT us	USUAL OCCI work done duri se retired.)	ng mo	st of workin	g	16b. KIND OF BU			hine	

	Mayme Uressa								January	9	1995	M	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I		IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRT (Month, Day, Ye		8. BIRTH Countr	IPLACE (State or Foreign	
	217-22-9983	1 🗌 M 2 🔀 F	90	YRS.	- Willia	DAYS	HOURS	Merry,	August 2,			ryland	
~	9a. FACILITY NAME (If not institution, give s				1		R LOCATI		ATH	9c. (COUNTY OF D	EATH	
DIRECTOR	Meridian-Hamilto	ig Home			Balt	more	<u>,</u>						
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y. TOWN	OR LOCAT	ION					10d. INSIDE CITY		
8	Maryland					imore					i	LIMITS?	
7	10e. STREET AND NUMBER				Ju i c	_	. ZIP CODI		10g. CITIZEN OF WNAT COUNTRY?				
ER/	1909 Swansea Road						21239 United States						
FUNERAL	11, MARITAL STATUS 12, WAS DECEDENT EVER IN U.S. ARME				13.	WAS DEC			IC ORIGIN? (Speci			- American Indian.	
	1 Never Married 2 Married	FORCES? 1	YES 2 X	МО	- 1	If yes, spe	2 X NO	n, Mexica	n, Puerto Rican, at	c.)	Btack	, White, etc.	
ВУ	3 X Widowed 4 Divorced				1		- 30	opeony			Specia	White	
9	15. DECEDENT'S EDUI (Specify only highest grade			Give kind of	work done	durina mo	ON st of workin	nor	16b. KIND O	F BUSINESS	INDUSTRY		
E	Elementary/Secondary (0-12)	College (1-4 or 5 +	+) "	no. Do NOT u	se retired.)								
COMPLET			()ffice	e Mar	nager					ng Mac	hine	
8	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, M				
8	John Thomas More	gan							Roberta				
2	Mrs. Doris A. H	inko	1						Number, City o			220	
	20a, METHOD OF DISPOSITION	inke					Roa	a	Baltimo			239	
	1 X Buriel 2 Cremetion 3 Rame	oval from State	cemetery, c	remetory or con Met	of DISPO: ther place)	SITION (Na	me of	1/			N — City or To	· ·	
1	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE Mark T	7avovn	a PER		-	D ADDRES			raiist	ton, Mar	ylanu	
	Mark Tic	Zuma	. Zuvoyn	u		Leona	ard J.	Ruck	, Inc.				
	110041								ad Baltin			214	
1	23. PART i. Enter the diseases, or of ahock, or heart failure.	complications that List only one cau	t caused the case on each lin	e. //Do I	not enter	the mo	de of dyi	ng, such	as cardiac or i	respiratory	arrest,	Approximate interval Between	
- 1	IMMEDIATE CAUSE (Final	Wat	111	Vii	4, 1	P.	2	ans I				Onset and Death	
	disease or condition resulting in death) Application Transmotive DAYS									DAYS			
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E	resulting in death) LAST												
	PART In Other significant condition	a contribulation to	death had yet	son delon	for what is			400000000000000000000000000000000000000			- I		
MEDICAL.	Dans C	as Via	death but not	resulting	in the ur	nderlying	cause g	iven in i	Pert I. 24s. WA PE	S AN AUTOP REORMED?	SV 24b	WETE AUTOPSY FINDINGS AMALABLE PRIOR TO	
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Ä	DID TOBACCO USE CONTE	GBUTE TO CA		-	-		PONC	ERTAIN					
PHYSIC!	EXAMINERY 1 YES 2 NO	HOSPITAL:		CE OF DEA	OTHE	R: _		e e e e e e e e e e e e e e e e e e e	Same Service ace	u			
ž	27. MANNER OF DEATH	1 - Inpettent 2 -		28b. TW	_	25c. INJI	-	eldence (29d. DESCRIBE H		Acception		
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B A	2 Accident Investigation 3 Builde B Could not get	200. PLACE OF	SELECT ALL	ome, term,	street, faci			-	28f. LOCATION (S	rous and rive	nher or Runi R	Dolle Nomber	
ĔI	4 ☐ Homicide determinet	building,	etc. (fineery)						City or Item.	State)	*********		
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≸ ∥	one) 2 petitos examing											and manner as stated.	
	ESO. SHONATURE AND THELE OF CAPITIFIES	11						-	-		1		
BE	10000	ud:	111				7	21/	957	294.1	DATE SIGNED	(Moreth Day: New)	
2	30. NAME AND ADDRESS OF BERSON WHO	O COMPAGED CASE	OF DEATH ST	EM 27) /7cm	Am /	-	1	77	130		$-\mu$	473	
	15444	, Sel	AN A	VR	al	1	Sa	et.	MD	7	120	C	
ŀ	31. DATE FILED IMPORT COM COL	all and the risk	S SIGNATURE	-	\			4.	7. 12.	- [~	
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DIVISION OF VITAL RECORDS, P.O. BOX

TO THE HOSPITUL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The HOSPITUL OR ATTENDING PHYSICIAN: The law requires have been sinned by the funderal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

he funeral director, page 5 should be detached for use as t	al,	examiner must be notified at once.	TO BE COMPLETED
TO THE FLACEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as t	be the mental of hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	programme item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	P BECONPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
D THE FLIMER	e Section	MPORTAND	BEAD
Ħ	A	-	-0"

	1 - STATE OF MARYL REGISTRAR	AND / DEPARTI			MENTAL	HYGIENI REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Last)			<u> </u>	2. DATE O	OF DEATH		EAR 3	. TIME OF DEATH			
	David Jones				01	07	9		M			
		5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR				S. 7. DATE OF BIRTH (Month, Day, Year) S. BIRTHPLACE (State or Foreign Country)						
	216-36-3631 DEM 2 F Sec. FACILITY NAME (If not institution, give street end number)	54 YRS.	- CITY TOWN O	R LOCATION OF D		13/40			o., Md.			
DIRECTOR	Global Convalescent Cent			imore	EATH		9c. COUNTY	OF DEA	тн			
REC	10e. STATE 10b. COUNTY	10c. CITY, 1	TOWN OR LOCAT	ION				1	0d. INSIDE CITY LIMITS?			
	Maryland	1	Baltim	ore				1	XYES 2 NO			
FUNERAL	10e. STREET AND NUMBER		101	ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?							
NE	3613 W. Mulberry Street 11. MARITAL STATUS 12. WAS DECEDENT EVER I			2122				JSA				
	1 Never Married 2 Therried FORCES? 1 YES	Z NO	If yes, sp	ENDENT OF HISPA ecify Cuben, Mexico	en, Puerto R	? (Specify Yes icen, atc.)	or No — 14	Black,	- Americen Indien, White, etc.			
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR D	MATES	1 TYES	2 NO Specif	fy:			Specify:	Black			
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed)	16e. DECEDENT'S US	SUAL OCCUPATION MORE	ON et of working	16b.	KINO OF BUS	INESS/INDUS	TRY				
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MP	12th Machin							Black Black Black Eect Co. Md. 21229				
ខ	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA			Surname)					
BE	Charles Wilbur Jones 190. INFORMANT'S NAME (Typo/Print)	195 MAILING AT	ODRESS (Street o	Esthe			State Zin C-	oda)	American Indian, hite, etc. Black Co. 21229 State Maryland			
5									3. 21229			
	Carrie Jones 3613 W. Mulberry St. Baltimore, Md. 21229 200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name of OATE 200. LOCATION — City or Town, State											
	1 Buriel 2 Cremetion 3 Removal from State 4 Donation 3 Other (Specify)	t. Calva	ary Ce	meterv	1/1:	2 Bal	timo	ce.	Marvland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	01	22. NAME AN	D ADORESS OF FA	ACILITY							
	MONDIN U. W	uti										
	23. PART . Enter the diseases, or complications that cause	d the death. Do not	antar the mo	da of dying, suc	ch as cerdi	ac or reapir	atory arrest	t,	Approximata			
	immediate cause (Finsi				1							
	disease or condition resulting in death) • KENAL FAILURE											
	DUE TO (OR AS A CONSEQUENCE OF):											
N	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF):										
FIC	CAUSE (Disease or injury C.	A CONSEQUENCE OF):										
E	resulting in desth) LAST											
	PART II. Other significant conditions contributing to death t		Alice and and alice		D. A.I.							
CAL	SEVERE PERPHE	RAI I	ACC	g cause given in	Part I.	24s. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO						
MEDIC	NIS	1910	1100	/	-	1 TYES 2	□ NO		OMPLETION OF CAUSE IF DEATH?			
M	DID TOBACCO USE CONTRIBUTE TO CAUSE C	NE DEATH VEC		LINICEDTAL				1	☐ YES 2 ☐ NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF OEATH		UNCERTAI	иП							
SIC	EXAMINER?		THER:	5 - Residenca	€ □ Other	(Specific)						
Ή	27. MANNER OF DEATH 28e. DATE OF INJURY	28b. TIME C	F 28c. INJ	JRY AT		CRIBE HOW IN	JURY OCCUP	RED				
ВУР	1 Netural 5 Pending (Month, Dey, Year) 2 Accident Investigation	INJUR	M 1 N									
	3 Suicide 6 Could not be 26e. PLACE OF INJURY building, etc. (See	- At home, ferm, atre	et, fectory, office		28f. LOCA	TION (Street er	nd Number or	Rural Rou	rte Number,			
PLETED	4 Homicide determined				J Gily G	i iowii, otale)						
PE	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my know	ledge, death occurred a	at the time, date	end place, end due	to the caus	e(e) end meni	ner se stated.					
ã	2 MEDICAL XAMINER On the basis of examination	n end/or investigation,	in my opinion, d	eath occured at the	time, date e	end place, end	due to the c	euse(e), e	nd menner as stated.			
31	SIGNATURE AND TITLE OF CERTIFIER	110-		29c. LICENSE NUI	MBER	0 1	29d. DATE	CONED IN	specifical services			
-	1	/www		WOYS	44		D //	10	191			
	NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	p-0	R	415	8	mb		21210			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN	ATURE		12	107				-1-1			
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25. WAS CASE REFERRED TO MEDICAL

5 Pending

6 Could not be

1 | YES 2 | NO

27. MANNER OF GEATH

1 Natural
2 Accident

2 Accident

4 Nomicide

95 00460 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR <u>Ethel</u> Colfield Jenkins 6 95 7:20 A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) March 9, 1916 IF UNDER 1 YEAR | IF UNDER 24 HRS BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 F 216-16-8067 78 YRS. North Carolina 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR Maryland General Hospital Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 XYES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2121 Windsor Garden Lane B-315 21207 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 NO 1 Never Merried 2 Merried BY Specify: 3 Wildowed 4 Divorced Bl.ack COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 164. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) st of working College (1-4 or 5+)
College 5+ Elementary/Secondary (0-12) Teacher Balto. County School System 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Robert Colfield. Rosetta Gilliam BE Se. 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Baltimore, yland 21207 2 Rosa Farmer 2121 Windsor Garden Lane Apt D541 Maryland 20e. METHOD OF DISPOSITION
1 M Burlel 2 Cremation 3 Removal from State
4 Donetion 6 Other (Specify) Jan 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Western Star Cemetery r Cemetery 11 Baltiimore, Maryland
22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc 21. SIGNATURE OF FUNERAL SERVICE LICENSE olle 2501 Gwynns Falls Parkway X. Baltimore, Maryland 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory screet, shock, or heart feliure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Acute Myocardial Infarction 48 hour resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Carcinoma Head of Pancreas MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square

Inpetient 2 - ER/Outpetient 3 - DOA

28e. DATE OF INJURY (Month, Day, Year)

26. PLACE OF OEATN (Check only one)

M

OTHER:

4 Nursing Nome 5 Residence 8 Other (Specify) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 YES 2 NO

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29c. LICENSE NUMBER

1 XCERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.

28b. TIME OF INJURY

2 MEDICAL EXAMINER: On the basic of exemination end/or investigation_in_my_opinion, death occurred at the time, date end piece, and due to the ceuse(e) and menner es stated. SIGNATURE AND TITLE OF CERTIFIED

lather M 38. HAME AND AGORESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

M.D. c/o Maryland General Hospital

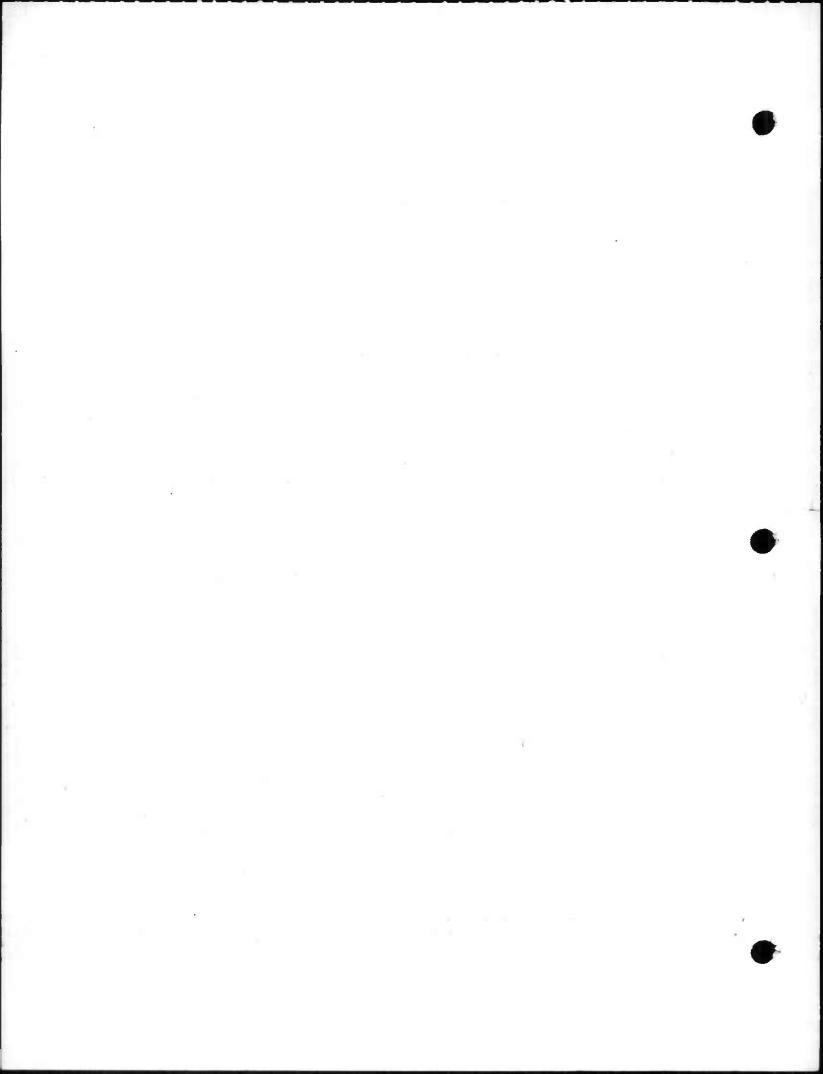
James Mathew. July 3 Head was harded 31. DATE FILEO (Month, Day, Year).
1 NN 1 1 1995

OF DEATN?

29d. DATE SIGNED (Month, Day, Year)

1-6-95

1 YES 2 NO

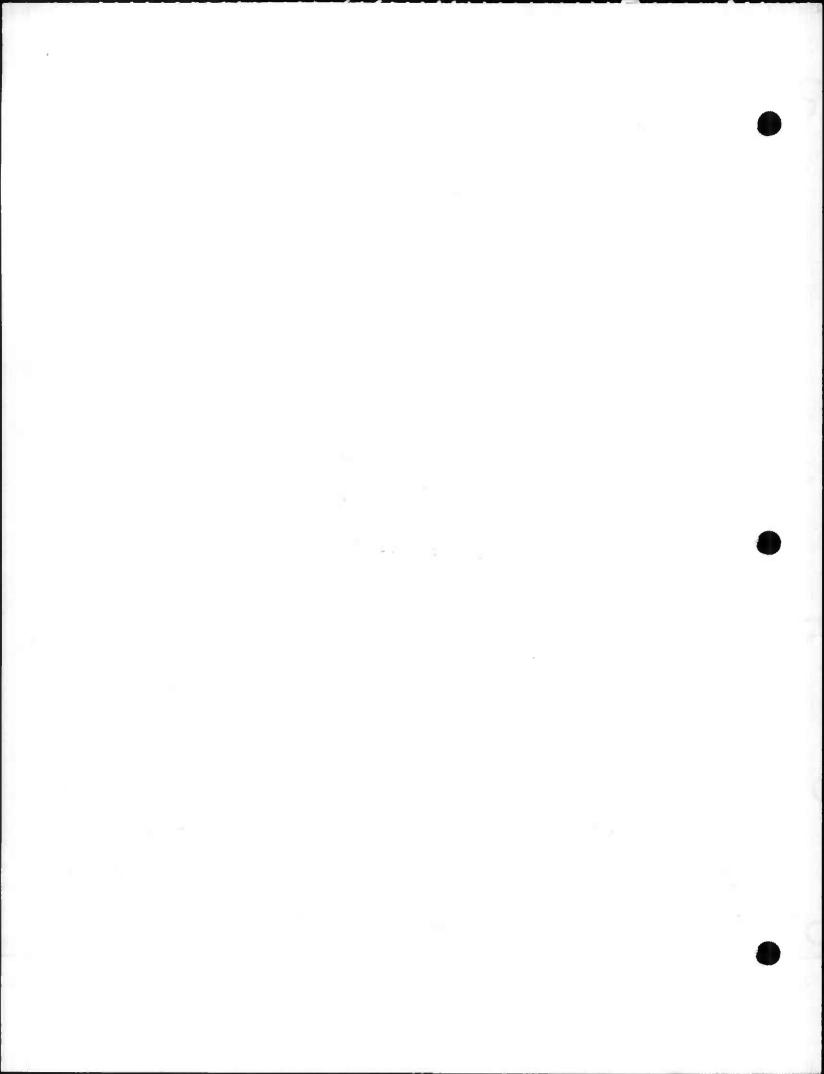


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DIVISION OF VITAL RECORDS, P.O. BOX 68

DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be hours after death with the State Oept. of Health and Mental Hygiene prior to bunal, cremation, or removal. PITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)	Rdan				2. DATE OF DEATH	AY /9 5 YEAR	3. TIME OF OEATH O	
	1 14001		yrs. lest birthday)	F UNDER 1 YEAR	7. DATE OF BURTH	a Big	THPLACE (State or Foreign		
		M 2 D F							
E I	DEatin Speciality	1.4		b. CITY, TOWN	OR LOCATION OF O	Md.	9c. COUNTY OF	DEATH	
DIRECTOR	RESIDENCE OF DECEDENT	ESIDENCE OF SECEDENT							
=		10c. CITY, TOWN OR LOCATION			ION		10d. INSIDE CITY LIMITS?		
	Maryland 100. STREET AND NUMBER	Baltimore 101, ZIP COOE			7IB COOE	1 X YES 2 □ NO 10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	1201 Kevin Road						US		
3	11. MARITAL STATUS 1:	2. WAS DECEDENT EVER IN				NIC ORIGIN? (Specify Yes	or No.— 14. RA	14. RACE — American Indian	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:				ock, White, etc.	
	16. DECEDENT'S EDUCAT	TON	40. OFOTOFNITIO HE					Bl.ack	
COMPLETED	(Specify only highest grade cor	mpleted) College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during mo	st of working	166. KIND OF BUS	SINESS/INDUSTRY		
PL	12th Grade	2011 ege (1-4 or 5+)	Co	ok		Peabody	Conserv	atorv	
Š	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NA	ME (First, Middle, Meiden			
BE (J.P.C. Jordan				Cel.es	te West		11.14	
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town			
	Celeste Hillery 20m. METHOO OF DISPOSITION	Production of the state of the	1201 Ke			timore, Mar		21229	
	1 X Buriel 2 Cremation 3 Remova	I from State cemei	tery, cremetory or othe	r place]		Jan I	CATION — City or		
1	21. SIGNATURE OF FUNERAL SERVICE LICEN		outus Mem			CILITYNIH THE F	imore C	ounty, MD Homes, Inc	
	· Vernon	R. Baul	Day			alls"Pärkwä cyland 212	_	nomes, the	
	23. PART I. Enter the diseases, or con	aplications that caused	the death. Do not	entar the mo	de of dying, suc	h as cerdiac or respi	ratory arreat,	Approximata	
	shock, or heart fallura. List only one cause on each line. IMMEDIATE CAUSE (Fine) Onset and Death								
	disease or condition resulting in death) a. Advanced HIV Disease Yrs							45	
	DUE TO (OR AS A CONSEQUENCE OF):								
NO.	Sequentieily ilat conditions, OUE TO (OR AS A CONSEQUENCE OF):								
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury								
E	that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST								
AL C	PART il. Other significent conditione o	ontributing to deeth bu	t not recuiting in	the underlying	ceuse given in	Pert i. 24a. WAS AN		b. WERE AUTOPSY FINDINGS	
SC	Para pare	sis, cmu	radice	Mope	llyn	PERFOR 1 YES 2	_	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDIC	Jepess.					_		1 - YES 2	
ä	DID TOBACCO USE CONTRIE				UNCERTAIL	N D			
PHYSICIAN:		IOSPITAL:		(Check only one) THER:					
14S	1 YES 2 NO 1	Impatient 2 ER/Outpat	liant 3 DOA 4			6 Other (Specify) 28d. OESCRIBE HOW II	HIRY OCCUPED		
	1 Natural 5 Pending	(Month, Day, Year)	INJUR		RK?	200. OESCHIBE NOW II	GONT OCCURED		
BY BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. Pt.ACE OF INJURY – building, atc. (Specif)	- At home, ferm, atre			281. LOCATION (Street a	and Number or Rura	Route Number,	
Ë	4 Homicide determined	building, atc. (Specif)	7)			City or Town, State)			
COMPLETED	29a. CERTIFIER CERTIFYING PHYSICIA	N: To the best of my knowled	dga, death occurred	at the time, date	and place, and dua	to the cause(a) and man	mer as stated,		
O	one) 2 MEDICAL EXAMINER:	On the beals of examination	and/or investigation,	In my opinion, d	eath occured at the	time, data and place, and	d due to the cause	(a) and manner as stated.	
H	296. SIGNATURE AND TITLE OF CERTIFIER	-80			29c. LICENSE NUI	ABER 998	29d. DATE SIGNE	(Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type,	7/01	Cherr	4 LN+	×211	2	
	31. DATE FILED (Month, Day, Year)	32 HEGIN BANK	All		AURE	T WD	2070	8	
	IAN 1 1 1995 Jul	STOCKED SECTION	wite						



BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pen
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BY

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BE 2 30

ITEMS:1, per F.H. G-719 1/11/95 reb FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH KRAFT ROBERT C muin 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign 218-01-3043 1X M 2 | F DAYS HOURS YES 24 Jan. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford County Forest Hill 1 TYES 2 X NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21050 2413 Minnick Drive U.S.A. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3X Widowed 4 Divorced White 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only hig Self Employed Trim Elementary/Secondary (0-12) College (1-4 or 5 +) 10th Grade Carpenter Carpentry 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surna Christian Fritz Kraft, Sr. Marquerite Unknown George BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Christian F. Kraft, Jr. 7522 Titleist Drive, Salisbury, Maryland 21801 20a. METHOD OF DISPOSITION

120 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cometery crematory or their places the Cemetery 1/12/95 20c. LOCATION - City or Town, State ☐ Donation 5 ☐ Other (Specify) Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEF John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206 23. PART I. Emer tha diseases, or complications that caused the death, Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failura. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition_ resulting in death) DUE TO (OR 36) A CO CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PERFORMED? 1 □ YES 2 DaNO 1 | YES 2 | NO PHYSICIAN:

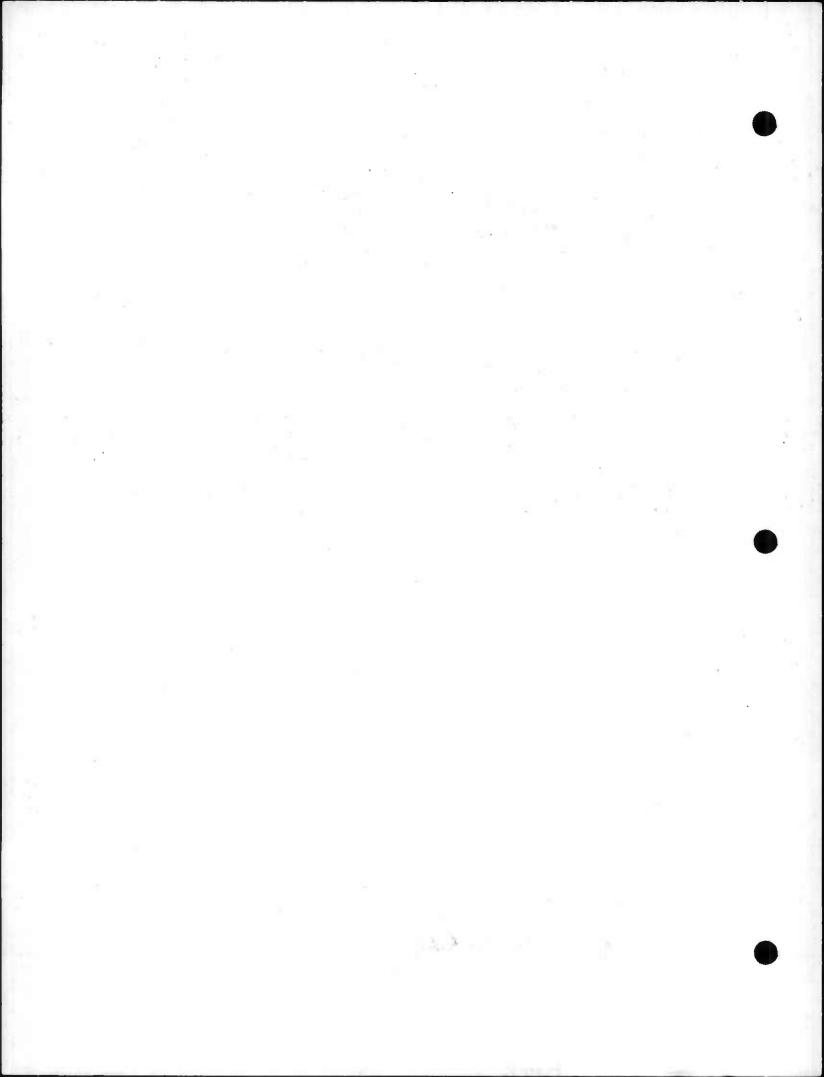
5. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (Ch	eck only one)
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 Nu		
7. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF INJURY H M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED DECRESSED (Oriver of Car) Nit Po
3 Suicide 8 Could not to determined	28a. PLACE OF INJURY — At home building, atc. (Specify)	7	ctory, offica	281. LOCATION (Street and Number or Rufil Route Namber, City or Town, State) 6500 BIK No harles ST

OFFICE A CENTIFUE BUYOUTH TO A PARTY OF THE	
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the	cause(s) and manner as stated
CONTROL ONLY	and all and manner as statem.
one)	
2 MEDICAL EXAMINES: On the basis of exemination and/or importantion in my opinion, death account of the time	

III. BIGHATURE AND TITLE OF CERTIFUER	29s. LICENSE NUMBER	296. DATE SIGNED (Month. Day: Ye
Mhailes tono	- 1800 1-19383	1-8-95

MAME	AND ADDRES	S OF PERSON	WHO COMPLET	ED CAUSE OF I	DEATH (IT	EM 27) (Type.	Print)	1000
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0) DY/RC	FE 211	Jones	ollin	11-	400	- of lon-	1
			100 000 1	C1.111	1 1	m KAD "	A ALL	and the same

timuren 10 myel(M1)- 408-4/00 REGISTRAR'S SIGNATURE

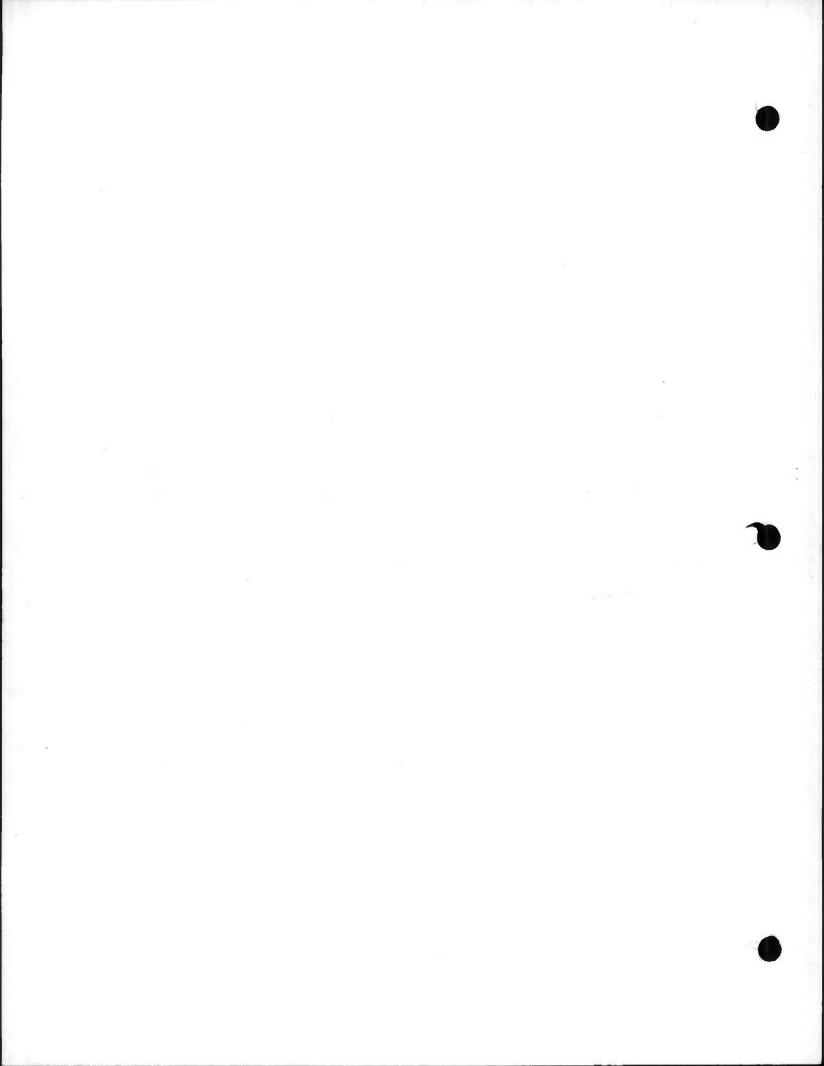


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

The law requires that the death certificate be executed within 24 s after death. Page 6 may be retained by the hospital or attending physician.	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be tall hand Mental Hydiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
TO THE HOSPITAL OR AT MODIFICATION. The law requires that the death certificate be executed within 24	TO THE RUNE MAL DIRECTOR. Alter that certificate has been signed by the attending physician and completely filled in by the filled within the four and within the four and make the filled within the four production of certification or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	ND / DEPARTM CERTIFIC			WENTAL HYGIEN		
- 5	1. DECEDENT'S NAME (First, Middle, Last)			AIL OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
1 6	LUCILLE WILME	TH LIVING	STON				1995 YEAR	12:25 A.M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I	n yrs. lest birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. SIR	THPLACE (State or Foreign
	220-12-7277	1 □ M 2x□ F 88	YRS.	NTHS DAYS	HOURS MIN.	(Month, Day, Year) NOV • 11, 1	Cou	aryland
1	9a. FACILITY NAME (If not institution, give s	treet and number)	96	CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF	. 4
OR	Dulaney Towson Health Care Center Towson Baltimore							
5	RESIDENCE OF DECEDENT						1 241	CIMOTE
DIRECTOR		r Baltimore		Cockey:				10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER							1 TYES 25 NO
FUNERAL	10100 Daventry D	wirro		107.	ZIP CODE			WHAT COUNTRY?
N.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	II C APMED	L 40 WHO DEO	21030			SA
	1 Never Married 2 Married	FORCES? 1 YES	2XXXNO	If yes, spe	cify Cuban, Mexican	IC ORIGIN? (Specify Year, Puerto Ricen, atc.)	Bis	CE — American Indien, ick, White, etc.
В	3 🔀 Widowed 4 🗌 Divorced	IF TES, GIVE WAR OR DA	(ES	1 U YES	2 NO Specify	7	Spi	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION COMMISSION	16a. DECEDENT'S USL (Give kind of work	AL OCCUPATIO	N	166. KIND OF BUS	SINESS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use rel	tired.)	it or wonang			
MP	10		Homemake	r				
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden	Surname)	
B	George W. Hopkins	5			Estelle	1		
2	19m. INFORMANT'S NAME (Type/Print) Mrs. Pauline L. I	Togton				loute Number, City or Tow		1 01000
Ì	20a. METHOD OF DISPOSITION		10100 D					ryland 21030
	1 ☑ Buriet 2 ☐ Cremation 3 ☐ Remo	oval from Stata come	PLACE AND DATE OF D tery, crematory or other I	olace)			CATION — City or	
	21. SIGNATURE OF FUNCRAL SERVICE LIC		reland Me		Park I/.		Itimore	Maryland
	> m// 00	11.6			- 110011000 07 771			
-	22 PARY I FEBRUARY	EUSK		Ruck To	owson Fur	neral Home	Inc. 1	050 York Rd.
	23. PART I. Enter the diseases, or of ahock, or heart fallure.	Complications that caused Liat only one cause on ea	the death. Do not on the children.	11 -11	100			Approximate Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	NISOMA	tou	daill	w	pneuv		Onset and Death
	resulting in death)	B. DUE TO (OR AS A	CONSEQUENCE OF	/	,			
_	_	Buller	DUF O	sper	ation	PARO ILA	worth	, i
0	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	1		Jane Color		
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c.			0			
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	· · · · · · · · · · · · · · · · · · ·				
CERTIFICATION	resulting in death) LAST	d						
	PART II. Other significant condition	a, contributing to death by	t not resulting in th	na underlying	cause given in I	Part I. 24s. WAS AN	automety 24	b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	CINEU O	emenha		a anaonymy	cades given in	PERSON		AVAILABLE PRIOR TO COMPLETION OF CAUSE
		<u> </u>				1 TYE	Z NO	OF DEATH?
Σ	DID TOBACCO USE CONTR	DIRLITE TO CALISE OF	DEATH VEC		UNCERTAIN	100		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH (C		UNCERIAIN			
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpa	tlant 3 DOA 40	HER:	6 Residence	Other (Speciful		
Ŧ	27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIME OF	26c. INJL	JRY AT	26d. DESCRIBE HOW II	NJURY OCCURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 Y	ES 2 NO			1
	3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, etc. (Specif	— At home, farm, stree	t, factory, office		26f. LOCATION (Street e City or Town, State)	and Number or Rurei	Route Number,
	4 Homicide detarmined		,,			City or lown, State)		
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	dge, death occurred at	the time, date	and place, and due t	to the cause(e) and man	ner se stated.	
OM		R: On the basis of examination						(a) and manner as stated.
m II	296. SIGNATURE AND TITLE OF CERTIFIER	Malan ~	/		29c. LICENSE NUM	BER	294. DATE SIGNE	D (Morgh, Day, Year)
ω	ayroure a	DUON NS			1)299	23	1/1/	AS
2	30. NAME AND ADDRESS OF PERSON WHO				2011	VA	1.0	1'-
	Marie A. Dobyns,			ce				/
	31. DATE FILED (Month, Day 1987)	W 32 DESTRUCTION OF THE	APEL .					



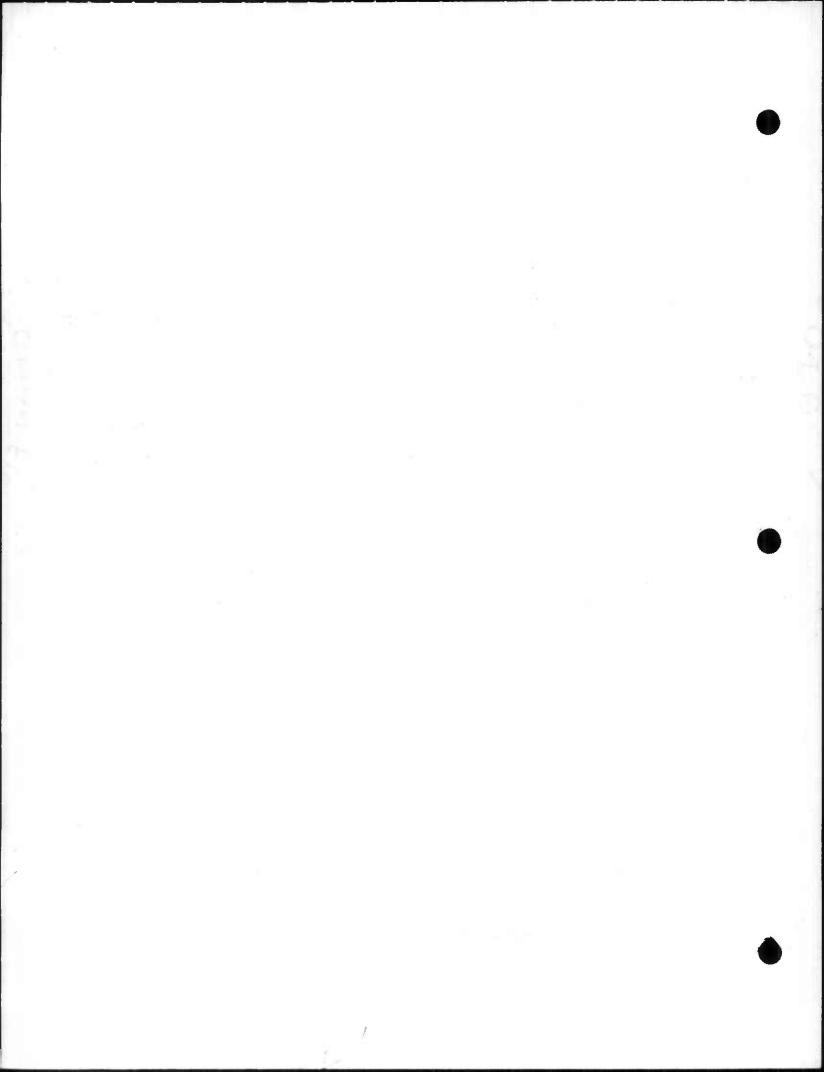
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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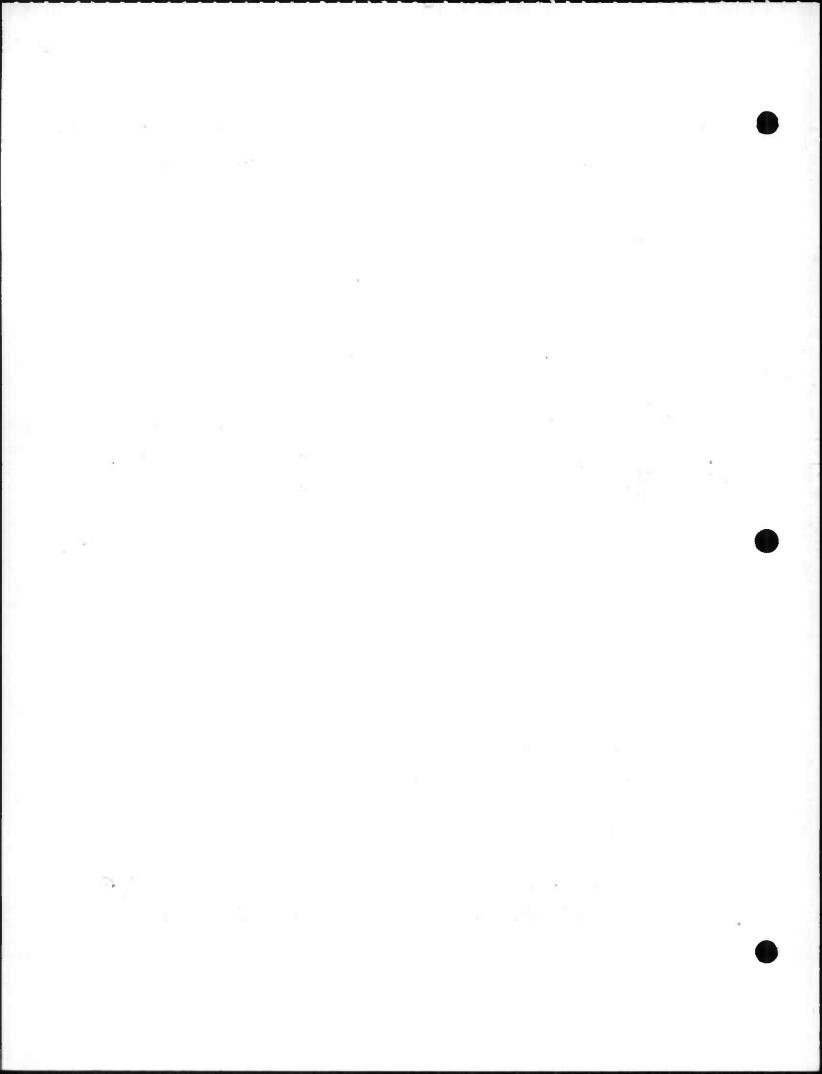
FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIATE OF MARY		TIFICA				ENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)						:	2. DATE OF DEATH	MY	YEAR 3.	TIME OF DEATH
	ELMER RUSSELL	LEWIS						01 0		95	7:47 p M
			(In yrs. lest birti	rRS. IF UN	B DAYS	HOURS	60001	Month, Day, Year) January 7,	1931	Country)	ACE (State or Foreign h Carolina
NC.	90. FACILITY NAME (II not Institution, give street and number) NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE 90. COUNTY OF DEATH A.A. CO								гн		
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		140	c. CITY, TOW							
DIRI		Arundel		Pasade		IION					d. INSIDE CITY LIMITS? YES 2 X NO
AL	10e. STREET AND NUMBER			101. ZIP CODE					10g. CIT	IZEN OF WHA	
KER	4302 Belle of (Georgia Ave	nue			2	1122			USA	
BY FUNERAL DIRECTOR					If yes, sp	ENDENT O	n, Mexican, I	ORIGIN? (Specify Ye Puerto Rican, etc.)	or No—	14. RACE — Black, W Specify:	American Indian, Inite, atc. White
ED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION	16a, DECEDE	ENT'S USUAL	OCCUPATION OF	ON set of workin		16b. KIND OF BU	SINESS/INC	DUSTRY	
COMPLETED		College (1-4 or 5+)	Me. Do N	achini	4.)	at or working	9	Can	Compa	אחע	
ON	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NAME	(First, Middle, Maiden		iiiy	
BE (Herbert Lewis					Es	stelle	e Marie H	ammor	nd	
2	19e. INFORMANT'S NAME (Type/Print)							rte Number, City or Tox		,	23
	Jacqueline M. Pf 20e METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removi		b. PLACE AND D				Rd.	Taneytow		City or Town.	787
	1 N Buriel 2 Cremation 3 Remove 4 Donation 5 Diff (Specify)	al from State Cer	metery, cremator	ny or other plac	e)	-	Park	1/11 E1			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISPE		2	2. NAME A	ND ADDRES	S OF FACIL	ITY			
	Jan 2	Loub	27640		695 1	Main	C+	Flkridge	Md	212	lk., Inc.
	23. PART I. Enter the disease, or con shock, or hear fallure. Lie	mplications that cause st only one cause on a	d tha death. each line.	Do not ent	ar the mo	de of dyl	ng, such e	a cardiac or reap	iratory arr	reat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	1/2	1.	lar	1	1.11	varia 1				Onset and Death
	resulting in death) a.	DUE TO (OR AS	A CONSEQUEN	ICE OF):	MV	ng"	77.00				few minutes
N	Sequentially liet conditions,										
ATIC	If any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUEN	CE OF):							
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUEN	CE OF):							
E	reaulting in death) LAST										
	PART II. Other significant conditions	contributing to death t	but not result	ting in the	underiyin	g cause g	iven in Pa				RE AUTOPSY FINDINGS
EDICAL	nhmenia	and any	pyene	100			,	PERFOI		CO	AILABLE PRIOR TO MPLETION DF CAUSE DEATH?
Σ		nellips ?		mpo	cord	dm	fros.	n	′		YES 2 THO
AN	DID TOBACCO USE CONTRII	BUTE TO CAUSE C	26. PLACE OF	YES DEATH (Chec	NO L	UNC	ERTAIN				
SIC		OSPITAL:		ОТН	ER:	e 5 □ Res	idence 6	Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)		TIME OF	28c. INJ		7.0	d. DESCRIBE HOW I	NJURY OCC	CURED	
M	1 Natural 5 Pending 2 Accident Investigation			М	101	'ES 2 🗌					
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURN building, etc. (Spe-	icify)	arm, street, ti	ictory, offic		28	Off. LOCATION (Street of City or Town, State)	and Number	or Rural Route	Number,
1	29e. CERTIFIER (Check only one)										
E COM	29b. SIGNATURE AND LITLE OF CERTIFIER	On the basis of sxamination					NSE NUMBE				d manner se stated.
TO BI	Machoney		ATTE		1	D-1	4055	21	> /	199	5
	MAHESH OCHANEY, M.			1111	#200	DAI	TIMOD	E MADVI	VND J	1220	
	31, DATE FILED (Month, Day, Year)	32 REGISTRAR'S OGN	ATURE	VENUE	#300	DAL	LINUK	E, MAKTL	AND Z	.1229	
- 1	JAN 1 1 1995 July	a discolar han	dall				_				



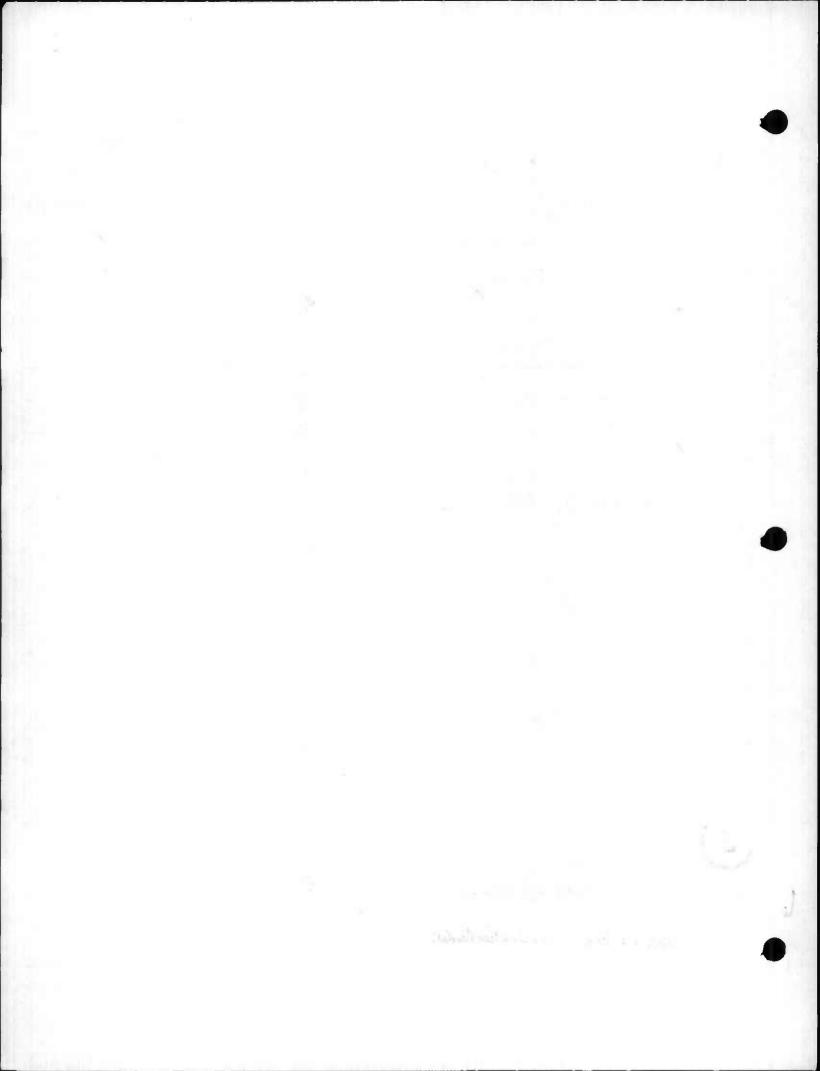
e hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		nee.
NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ompletely filled in by the funeral director, page 5 should be	al, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ICIAN: The law requires that the death certificate be execut	ertificate has been signed by the attending physician and c	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or item 23 shows any injury, or other traumatic
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this o	be the within 72 hours after death with	AMPORTANT: If Item 28 is marked,

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL	REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) MARGRETTA LANS	SFY				MONTH	OF DEATH		
	4. SOCIAL SECURITY NUMBER		yrs. last birthday) IF	UNDER t YEAR	IF UNDER 24 HRS.	JANUA Z DATE	OF BIRTH		IRTHPLACE (State or Foreign
	216-12-0817	1 M 2X F		NTHS DAYS	HOURS MIN.	(Month	27, 1	C	ountry)
	9a. FACILITY NAME (If not institution, give s	treet and number)	-	L CITY, TOWN (OR LOCATION OF D		21, 1	9c. COUNTY C	Maryland Freeth
DIRECTOR	THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY								
EC	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION				10d, INSIDE CITY
E C	Maryland		Ba 1	timor	·e				LIMITS?
AL	10e. STREET AND NUMBER		25 00 00		. ZIP CODE			10g. CITIZEN C	OF WHAT COUNTRY?
FUNERAL	2340 McCulloh	Street			21217			US	SA
F.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U	J.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN	? (Specify Yes	or No 14, R	IACE — American Indian, Black, White, atc.
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE			2 NO Specif		insuit, uto.)		ipecity:
	15. DECEDENT'S EDU	CATION 1	6a. DECEDENT'S USL	JAL OCCUPATION	DN .	165	KIND OF BUS	INESS/INDUSTR	Black
ET	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo		100.	raite or ses	INCOS/INDOS (A	"
4PL		College	Home	maker					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, M	fiddle, Maiden	Surname)	
BE (Edward Roscoe	Adams			Bessie	e A.	Tuck	er	
TO E	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street a	nd Number or Rural	Route Numb	er, City or Town	, State, Zip Code)
	Sheryl A. Lans	sey	2028 M	t. Ro	yal Ter	race			MD 21217
	20a. METHOD OF DISPOSITION 1 West Survival 2 Cremation 3 Ram	oval from State cemete	LACE AND DATE OF D	plece)		Tan	20c. LOC	CATION City o	r Town, Stata
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LIC	Ark	outus Memo	orial 1	Park	Jan	12 Bal	timore	County, MD
	1611	8		25. NAME AN	Guvnne F	TOTAL I	vuller	runera	1. Hom es, INc
	Testert	- Mill	4.	Balti	Gwynns F more, Ma	arylar	nd 21	216	
	23. PART I. Enter the diseases, or cashock, or heart fellure.	complications that caused t List only one cause on asc	ha daath. Do not o	entar tha mo	da of dylng, auc	ch as cerd	lac or reapli	ratory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition		0.	- 0					Onset and Death
	resulting in death)	11100	Cance) / /					6 WCS
	resulting in death)	a. CUITO	ONE COLLENGE OF	- / -					6445
_	resulting in dealth)	DUE TO (OF IS A C	CONSEQUENCE OF):						0000
NOI	Sequentially list conditions,	DUE TO (OR AS A C	CONSEQUENCE OF):						
CATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	CONSEQUENCE OF):						
FIFICATION	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	b	CONSEQUENCE OF):	/ Norma					
ERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A C	CONSEQUENCE OF):	/ Norma					
L CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	DUE TO (OR AS A C	ONSEQUENCE OF): ONSEQUENCE OF):		g cause given in	Part I.	24s. WAS AN /	AUTOPSY	24b. WERE AUTOPSY FINDINGS
AL	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF): ONSEQUENCE OF):		g cause given in	Part I.	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
AL	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	DUE TO (OR AS A C	ONSEQUENCE OF): ONSEQUENCE OF):		g cause given in	Part I.	24a. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	DUE TO (OR AS A C DUE TO (OR AS A C d. s contributing to death but	ONSEQUENCE OF): ONSEQUENCE OF): onsequence of): not resulting in the	he undarlying		-	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTI	DUE TO (OR AS A C DUE TO (OR AS A C d. S contributing to death but RIBUTE TO CAUSE OF	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): The control of th	he undarlying NO Check only one)		-	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTI	DUE TO (OR AS A C DUE TO (OR AS A C d. s contributing to death but	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): DEATH YES PLACE OF DEATH (C	he undarlying NO Check only one)		N 🔽	PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTI	DUE TO (OR AS A C DUE TO (OR AS A C d. RIBUTE TO CAUSE OF	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): DEATH YES PLACE OF DEATH (C	NO Check only one) THER: Nursing Hom F 28c, INJ	UNCERTAII	N W	PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST PART II. Other significant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 VAO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C d. RIBUTE TO CAUSE OF 28 HOSPITAL: 1 [Vinparient 2 ER/Outpati 28a. DATE OF INJURY (Month, Day, Year)	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF):	he undarlying NO	UNCERTAII 5 G Rasidenca URY AT RK7 TES 2 G NO	N W	PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A C DUE TO (OR AS A C d. BE CONTributing to death but RIBUTE TO CAUSE OF 28 HOSPITAL: 11//inpatient 2 □ ER/Outpatt	ONSEQUENCE OF): ONSEQU	he undarlying NO	UNCERTAII 5 G Rasidenca URY AT RK7 TES 2 G NO	8 Other 28d. DESc	PERFORI TYES 2 (Specify) CRIBE HOW IN	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daath) LAST PART II. Other significant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1400 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C d. RIBUTE TO CAUSE OF POSPITAL: 1 (Winperlent 2 ER/Outpet) 28a. DATE OF INJURY — building, etc. (Specify)	ONSEQUENCE OF): ONSEQU	NO Check only one) THER: Nursing Hom F 28c, INU Nu 1 1	UNCERTAII 5	8 Other 28d. DESt	PERFORI TYES 2 (Specify) CRIBE HOW IN TION (Street as or Town, State)	JURY OCCURED	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 VHO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C d. RIBUTE TO CAUSE OF 28 HOSPITAL: 1 [Vinpatient 2	ONSEQUENCE OF): ONSEQU	THER: No M 1 Nursing Hom No t, factory, office	UNCERTAII 5 Grasidenca UNY AT RK? (ES 2 NO and place, and dua	8 Other 28d. DESt. City o	PERFORI 1 YES 2 (Specify) CRIBE HOW IN STION (Street as or Town, State)	JURY OCCURED	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST PART II. Other significant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 Veno 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C d. RIBUTE TO CAUSE OF 28 HOSPITAL: 1 [Vinpatient 2 □ ER/Outpatt 28a. DATE OF INJURY building, etc. (Specify, CIAN: To the best of my knowled R: On the basia of axamination a	CONSEQUENCE OF): CONSEQUENCE	NO Check only one) THER: Nursing Hom WO 1 1 1	UNCERTAII 5 Rasidenca URY AT RK? TES 2 NO and placa, and dua eath occured at the	8 Other 28d. DESd. 28t. LOCA City o	PERFORI t YES 2 (Specify) CRIBE HOW IN ATION (Street au r Town, State) se(a) and manual place, and place, and place and p	JURY OCCURED In No Number or Ruiter as stated.	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ral Route Number, se(a) and manner as stated.
BY PHYSICIAN: MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST PART II. Other significant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 Veno 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C d. RIBUTE TO CAUSE OF 28 HOSPITAL: 1 [Vinpatient 2 □ ER/Outpatt 28a. DATE OF INJURY building, etc. (Specify, CIAN: To the best of my knowled R: On the basia of axamination a	CONSEQUENCE OF): CONSEQUENCE	NO Check only one) THER: Nursing Hom WO 1 1 1	UNCERTAII 5 Rasidenca URY AT RK? TES 2 NO and placa, and dua eath occured at the	8 Other 28d. DESd. 28t. LOCA City o	PERFORI t YES 2 (Specify) CRIBE HOW IN ATION (Street au r Town, State) se(a) and manual place, and place, and place and p	JURY OCCURED In No Number or Ruiter as stated.	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST PART II. Other significant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 Veno 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C d. RIBUTE TO CAUSE OF 28 HOSPITAL: 1 [Vinpatient 2 □ ER/Outpatt 28a. DATE OF INJURY building, etc. (Specify, CIAN: To the best of my knowled R: On the basia of axamination a	CONSEQUENCE OF): CONSEQUENCE	NO Check only one) THER: Nursing Hom WO 1 1 1	UNCERTAII 5 Rasidenca URY AT RK? TES 2 NO and placa, and dua eath occured at the	8 Other 28d. DESd. 28t. LOCA City o	PERFORI t YES 2 (Specify) CRIBE HOW IN ATION (Street au r Town, State) se(a) and manual place, and place, and place and p	JURY OCCURED In No Number or Ruiter as stated.	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ral Route Number, se(a) and manner as stated.
COMPLETED BY PHYSICIAN: MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST PART II. Other significant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 Veno 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C d. RIBUTE TO CAUSE OF 28 HOSPITAL: 1 [Vinpatient 2 □ ER/Outpatt 28a. DATE OF INJURY building, etc. (Specify, CIAN: To the best of my knowled R: On the basia of axamination a	CONSEQUENCE OF): CONSEQUENCE	NO Check only one) THER: Nursing Hom WO 1 1 1	UNCERTAII 5 Rasidenca URY AT RK? TES 2 NO and placa, and dua eath occured at the	8 Other 28d. DESd. 28t. LOCA City o	PERFORI t YES 2 (Specify) CRIBE HOW IN ATION (Street au r Town, State) se(a) and manual place, and place, and place and p	JURY OCCURED In No Number or Ruiter as stated.	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ral Route Number, se(a) and manner as stated.
COMPLETED BY PHYSICIAN: MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST PART II. Other significant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 Veno 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C d. RIBUTE TO CAUSE OF 28 HOSPITAL: 1 [Month, Day, Year) 28a. DATE OF INJURY	CONSEQUENCE OF): CONSEQUENCE	NO Check only one) THER: Nursing Hom WO 1 1 1	UNCERTAII 5 Rasidenca URY AT RK? TES 2 NO and placa, and dua eath occured at the	8 Other 28d. DESd. 28t. LOCA City o	PERFORI t YES 2 (Specify) CRIBE HOW IN ATION (Street au r Town, State) se(a) and manual place, and place, and place and p	JURY OCCURED In No Number or Ruiter as stated.	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ral Route Number, se(a) and manner as stated.



examiner must be notified at once.	IMPORTANT TYPE 24 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e.	be the defined with 72 hours are death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNDATIONS After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ir death. Page 6 may be retained by the hosp	TO THE HIGHTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within frours after death. Page 6 may be retained by the host
DATE TOTAL MAN LAND	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		TMENT OF H		MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) JAMES J. LOMBA						OF DEATH	AY - 0.0 Y	3. 5	TIME OF DEATH
	165-07-8930	30 1 1 M 2 □ F 88 YRS. MONTHS DAY'S				7. DATE OF BIRTH (Morth, Dey, Year) 1-11-1906 8. BIRTHPLACE (Stere or For Country) NEW YORK			YORK	
CTOR	96. FACILITY NAME (If not institution, give eitrest end number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH									н
DIREC	10a. STATE 10b. COUNTY MARYLAND	11477.55		TOWN OR LOCATION LTIMORE					d. INSIDE CITY LIMITS? YES 2 \(\square\) NO	
FUNERAL	100. STREET AND NUMBER 3051 ABELL AVE.		101	21218				CITIZEN OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 1 YES : IF YES, GIVE WAR OR DATE WWII	2 NO	If yes, sp	ENDENT OF HISPAI polity Cuben, Mexica 2 NO Specif	an, Puerto I	i? (Specify Yer Ricen, etc.)	or No- 14	. RACE — Black, W Specify:	American Indian, hite, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) LIFE IN				st of working	16b		SINESS/INDUS	TRY	
- 1	17. FATHER'S NAME (First, Middle, Last) ANGELO LOMBARDI				18. MOTHER'S NA			Sumame)		
O BE	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural	Route Numi	ber, City or Tow			
	JAMES J. LOMBAR 20 METHOD OF DISPOSITION	20h. PL		FDISPOSITION (Na	ST. UP	PER	_	BORO, I		20772 ·
	1 Burial 2 Cremetion 3 Ramoval Donation 5 Other (Specify)	from State Carrete	W"CATI	TEDRAL		1/95	BAI	TO.,	MD.	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	law III	22. NAME AND ADDRESS OF FACILITY W. JENKINS & SONS CO. 4905 YORK RD. BALTO., MD. 21212.							
EHILICATION	23. PART I. Enter the diseasea, pr complications that caused the deeth. Dp npt enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Decrease or condition Deeth of the process of the pro									
IN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the und Covorage Active descare Coupeling Hard Facility Planties at the distriction				PERFORMEO? AMAILABLE PR				/	
HYSICIAN:		EXAMMER? HOSPITAL: OTHER:								
	27. MANNER OF DEATH	1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 18JURY AT WORK?				6 Other (Specify) 284. DESCRIBE HOW INJURY OCCURED				
ED BY	Natural S Pending					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
CMP (29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) end manner as stated.									
O BE	296 SIGNATURE AND TITLE OF CERTIFIER SOLUTION OF PERSON WHO CO		29c. LICENSE NUMBER 29d. DATE SIGNED 1/4/			GNED (MO	nth, Day, Year)			
				- 10.	ITY PA	RKWA	Y BAI	TO.,	MD.	21218
	JAN II 1995									

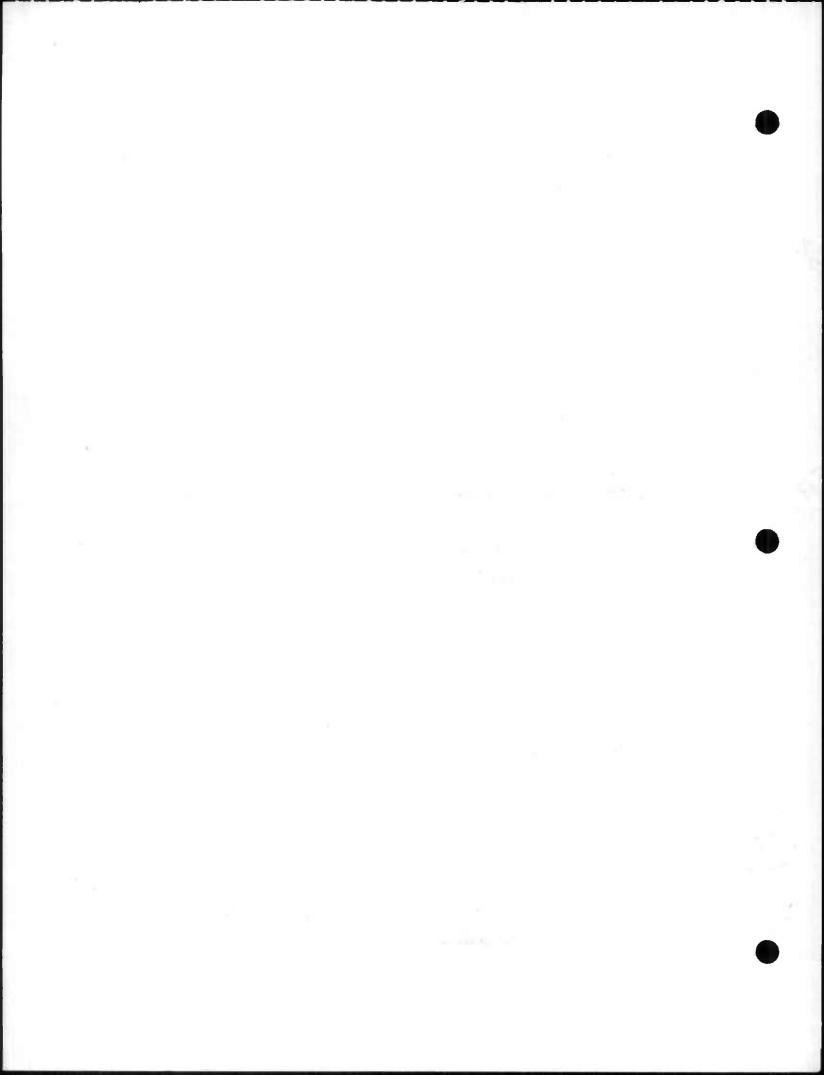


BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physics:

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	should		
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	Pages		
	HEFFOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shoul		
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The state of the s	certi	the	om 28 is marked or item 23 shows any injury or other traumatic event the medical examiner must be notified at
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH							
	FRANCES LAMBERT			JANUARY			" 1995 ["]	RAS	1:30 P M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (IF UNDER 24 HRS.	24 HRS 7 DATE OF BIRTH & BIRTHRI			ACE (State or Foreign				
	218-925637 9a. FACILITY NAME (If not institution, give str	27 YRS.		MIN. 0 MONTH, Per, Veer 7 09 - 05 - 67			9c. COUNTY		LAND		
DIRECTOR	THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY NONE										
E I	10a. STATE 10b. COUNTY			10c, CITY, TOWN OR LOCATION					10	d. INSIDE CITY	
	MARYLAND NONE			BALTIMORE CITY					YES 2 NO		
FUNERAL	904 BEAUMONT A	AVE.			10f. ZIP CODE 21212				UNITED STATES		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED		ECENDENT OF HISPA			or No- 14.	RACE -	American Indian,	
BY	1 Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	FORCES? 1 YES	ATES X NO		specify Cuban, Mexic ES 2 NO Speci		Rican, etc.)	AFR]		AMERICA	
6	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	18a. DECEDENT'S	USUAL OCCUPA	FION	168	. KIND OF BUS	INESS/INDUST	TRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	lite. Do NOT u	work done during se retired.)	nost or working						
MP	10TH	NONE	UNEM	PLOYEL			NON				
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			Sumame)			
BE	ORIS LAMBERT 19a. INFORMANT'S NAME (Type/Print)		19h MAR INC	ADORESS /Street	ETHEL			State 7in Co.	rio i		
2	ETHEL LAMBERT		1		NT AVE.						
	20a. METHOD OF OISPOSITION (X) Burial 2 Cremation 3 Remo	20b	PLACE AND DATE	OF DISPOSITION	Name of	OAT	E 20c, LO	CATION — City		State	
	4 Donation 5 Other (Specify)	BA	ALTIMOR		TERY 1/		5 BA	ALTO,	MD.		
	21. SIGNATURE OF FUNERAL SERVICE LICE	HSEE	0	CALVI	N B. SC	RUGO	S FUN	NERAL	HON	1E	
	Lahren D's	Scrugg	V.		E. PRE					.21213	
	23. PART I. Enter the diseeses, or co ahock, or heert feliure. L	emplications that caused list only one cause on e	the deeth. Do	not enter the r	node of dying, aud	ch aa cen	diec or respi	ratory arrest		Approximate Interval Between	
	IMMEDIATE CAUSE (Finei diaeese or condition	- XVIII- WHITE-	S.I.P.S.C.							Onset and Death	
	resulting in death)	PNEUMO	COCCAL	- SE	PSIS					IWK	
_	DUE TO (OR AS A CONSEQUENCE OF):									1 YR	
9	Sequentially list conditions, Our TO (OR AS A CONSCOUENCE OF): 1 YR										
CA	ceuse. Enter UNDERLYING CAUSE (Disease or Injury										
CERTIFICATION	that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
E	d										
ÄL	PERFORMEO?					AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO				
PHYSICIAN: MEDIC	ANEMIA					_	1 TES 2	XNO		MPLETION DF CAUSE DEATH?	
X	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES				M. UNCERTAIN 🗆			1 TYES 2 NO		TYES 2 XNO	
AN	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEA			NL					
Sic	EXAMINER?	HOSPITAL: 1 Appetient 2 ER/Outp	atient 3 DOA	OTHER:	me 5 🗆 Residence	6 Othe	er (Specify)				
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIN	E OF 28c. I	NJURY AT		Id. DESCRIBE HOW INJURY OCCURED				
BY	1 Natural 5 Pending 2 Accident Investigation	(110,110,110,110,110,110,110,110,110,110			YES 2 NO						
COMPLETED	3 Suicide 6 Could not be detarmined 28s. PLACE OF INJURY — At home, larm, street, lactory, office building, stc. (Specify) 28l. LOCATION (Street and Number or Rural Route Num City or Town, State)							e Number,			
	29e. CERTIFIER 1 CEPTIEVING BUYELCIAN, To the hand of										
OMP	CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the Ilme, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU						
O BE	paul bragese M.D.				M6180			1/7/95			
2	30. NAME AND AODRESS OF PERSON WHO				211	11	HOPKINS HOSPITAL				
	31. DATE FILEO (Month, Day, Year)	10-0	TOWER	. 110	JUHNS	HOF	KINS	HOSF	TA		
	IAN 11 1995. July	22. REGISTRAR'S SIGNA	14								



1995

REG. NO.

2. DATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)
Berthou E. L

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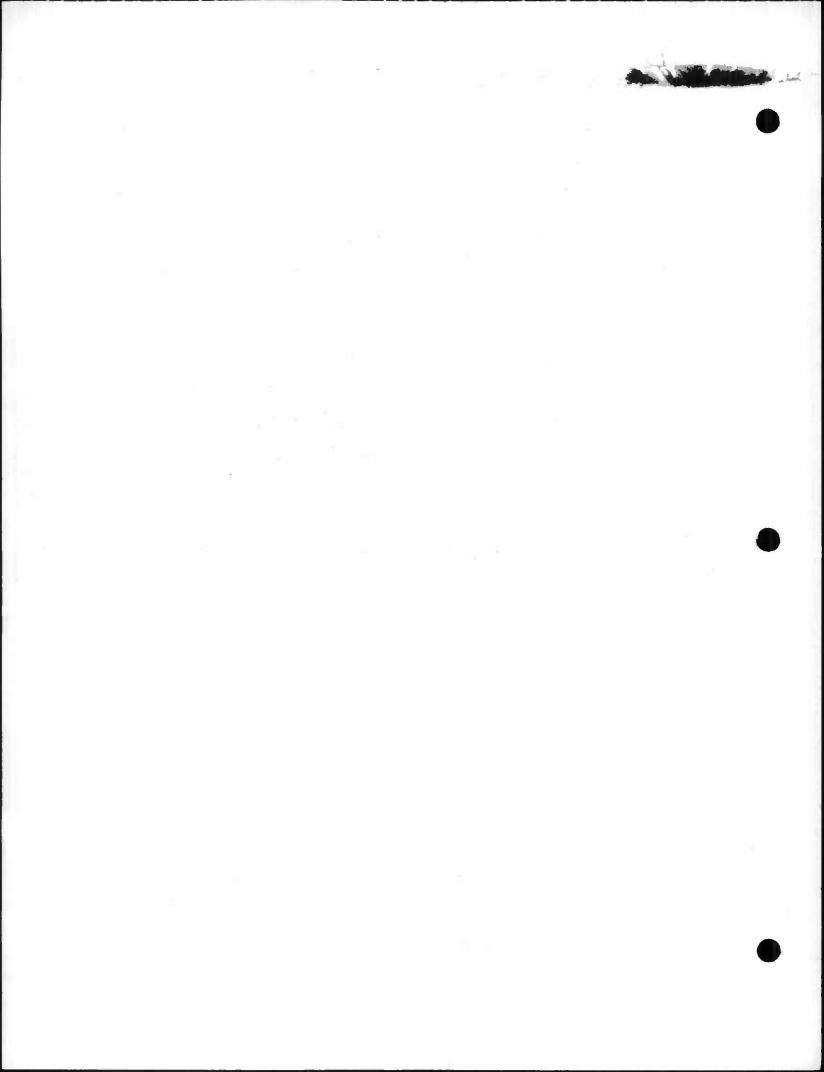
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MINISION OF VITAL RECORDS, P.O. BOX 68760	1

		4. SOCIAL SECURITY NUMBER 5. S	FV					
		210 101	EX 6. AGE (In yrs.	YRS. IF UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIH.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRTHPLA Country)	ACE (State or Foreign
3 should		9e. FACILITY NAME (If not institution, give street a	~ /	96. CIT	Y, TOWN OR LOCATION OF O	EATH 9	c. COUNTY OF DEAT	yland
1, 2, 3 sł	DIRECTOR	1614 S. Rolling	Road	f	Relay		Baltimo	
	REC	10e. STATE 10b. COUNTY		10c. CITY, TOWN			104	d. INSIDE CITY
Ę.		100. STREET AND NUMBER	more	Relai	T 1			TYES 2 10
physician. burial-transit permit, Pages	FUNERAL	1614 S. Rollino			21227	10	Inited S	tates
ing the	BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2 F F YES, GIVE WAR OR DATES	ARMED 13.	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specifi	in, Puerto Rican, atc.)	No— 14. RACE — Black, W Specify:	American Indian, hite, atc.
r attending use as the	밀	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	leted)	DECEDENT'S USUAL ((Give kind of work done	during most of working	16b. KIND OF BUSINE	SS/INDUSTRY	
ed for	COMPLETED	Elementary/Secondary (0-12) Col	lege (1-4 or 5+)	tome m	1.4	Own	Home	
\$ \$ \$	BE CO	17. FATHER'S NAME (First, Middle, Last) John Feiler			Marie	ME (First, Middle, Meiden Surr Gunter	neme)	
5 should notified	TO B	190, INFORMANT'S NAME (Type/Print) SUSAN E. McCo		196. MAILING ADORES	Rolling Ro		tere, Zip Code)	חכר דכר
leath. Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSITION 1 K Burlel 2 Cremetion 3 Removal 1	rom State 20b. PLAC	E AND DATE OF DISPO	SITION (Name of		ION — City or Town,	
Page al direct		4 ☐ Donation 5 ☐ Other (Specify)	- Lieu	dowriga	NAME AND ADDRESS OF FA	CILITY Non house	sey, Mary	Home, Inc.
death. Pag funeral di I. examiner		0 4 7	T	fo 1:	378 Sulphu	C	A 1 1	- Mtono
		23 PART i. Enter the diseeses, or comp	licatione that caused the	deeth. Do not ante	r the mode of dving, auc	71.00		S MD 262
non po		shock, or heert failure. List of	only one causa on each li	na.			, , , , , , , , , , , , , , , , , , , ,	Interval Between Onset and Death
		disease or condition resulting in death)	Cryngeal (ascens	na à ob	Struction		5 Mas.
8 9 - 9			ME OOR AS A CONS	EOUENCE OF):				
and o bur	CERTIFICATION	Sequentielly list conditions, If any, leading to immediate	DUE TO (OR AS A CONS	EOUENCE OF):				
	FIC	ceuse. Enter UNDERLYING CAUSE (Disesse or Injury thet initiated events	OUE TO (OR AS A CONS	EOUENCE OF):				
th certificat ending phy I Hygiene p or other	RTI	resulting in deeth) LAST						
the atter Mental		PART ii. Other significant conditions con	ntributing to deeth but not	reaulting in the u	nderlying cause given in	Part 1. 24a. WAS AN AUT	TOREY 245 WE	RE AUTOPSY FINDINGS
by and	MEDICAL	SErve Chronic K	0.0	Enslyer		PERFORME	D? AVA	MPLETION OF CAUSE
v requires the been signed it, of Health shows an	MED	ERAChiedasis;	Palmos	Hypers	tension	1 D YES 2		DEATH?
has bee Dept. o		DID TOBACCO USE CONTRIBU	TE TO CAUSE OF DE	ATH YES 💆	NO UNCERTAI	N 🗆		
는 용용 등	PHYSICIAN:		SPITAL:	ACE OF OEATH (Check	R:			
PHYSICIAN: The this certificate h with the State I srked, or item	HYS		Inpatient 2 ER/Outpatient 28a. OATE OF INJURY	3 DOA 4 Nu	28c. INJURY AT	6 C Other (Specify) 28d. DESCRIBE HOW INJUI	BY OCCURED	
NG PHYS fter this c eath with marked	ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJURY M	WORK?	Edd. DESCRIBE HOW INCOM		
ATTENDING PHYSICIAN: CTOR: After this certifical after death with the St.	8	- Constitution	28e. PLACE OF INJURY — At I building, etc. (Specify)	nome, tarm, street, tec	tory, office	28f. LOCATION (Street and I City or Town, State)	Vumber or Rural Route	Number,
8 8 8	LET	29a. CERTIFIER CERTIFYING PHYSICIAN:	To the beat of my knowledge, o	death occurred at the	time, data and place, and dua	to the cause(s) and manner	as stated	
A LANGE	COMPL	one) 2 MEDICAL EXAMINER: On			opinion, death occured at the	time, data and place, and du	in to the cause(a) and	d manner as stated,
新品	BE	296. SIGNATURE AND TITLE OF CERTIFIER SEMBLY.	entrais		29c. LICENSE NUI	F 75 29	d. DATE SIGNED (Mo	nth, Day, Year)
	0	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (IT	EM 37) (Type Prigit) /	KENS AVE	ABER 29 29 57. 207	1	

32. REGISTRAR'S SIGNATURE

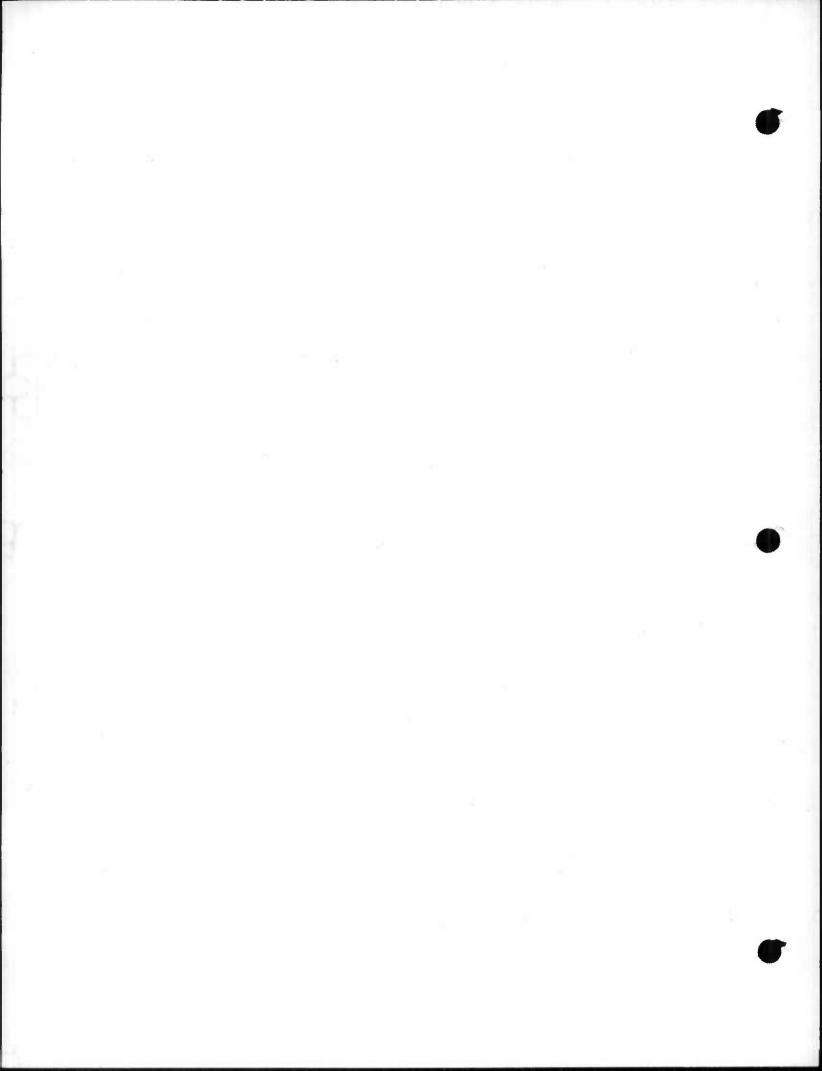
1995

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



		1 - FOR STATE REGISTRAR	STATE OF MARYL				HEALTH AND F DEATH	MENTA	AL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	E OF DEATH		3	. TIME OF DEATH
		EILEEN	M	CENT	EE			Jan	m w uarv 10		YEAR 95	9.18 A
		4. SOCIAL SECURITY NUMBER		(In yrs. les		IF UNDER 1 YEAR		7. DATE	E OF BIRTH oth, Day, Year)			ACE (State or Foreign
P		213-34-3484	1 □ M 2 💢 F 69)	YRS.	MONTHS DATE	HOOKS MIN.		ne 17,1	925	000.1277	Ireland
3 should	00	Se. FACILITY NAME (If not institution, give s	treet and number)				OR LOCATION OF			9c. COUN	TY OF DEA	TH
1. 2. 3	<u>5</u>	Good Samaritan	Hospital			Balt	<u>cimore Ci</u>	ty				
Pages	DIRECTOR	10e. STATE 10b. COUNTY			10c. CITY	, TOWN OR LOC	CATION				1	Od. INSIDE CITY
₩.		<u>Maryland</u>			В	altimor	e Citv				1	LIMITS? YES 2 NO
permit.	₹ I	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?
020 physician. burial-transit	FUNER	3714 Glenmore Av					2120				S.A.	
20 hysici urial-l	5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 XN			ECENDENT OF HISP/ specify Cuben, Mexic			or No-	14. RACE - Black, 1	- Americen Indian, White, etc.
5-0020 nding physic as the burial	B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	ATES		1 🗆 YI	ES 2 XNO Spec	elfy:			Specify:	White
1215-0020 r attending physician. use as the burial-tran	8	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL OCCUPA	TION	16	b. KIND OF BUS	INESS/IND	USTRY	
21 21 20 m	Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	rork done during i e retired.)	most of working					
Nospit ched	COMPL	12 yr's		Balt	imor	e City	Crossing	Guar	rd P	ublic	Sch	001
MARYLAND stretained by the hospital 5 should be detached to tottlifled at once.		17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N			Surname)		
RYL ed by uid be		Daniel	Re	illy				abeth				vine
MARYLAND retained by the hospit should be detached notified at once.	2	190. INFORMANT'S NAME (Typo/Print) Miss Eileen M. M	CEntoo	198			end Number or Rura	l Route Nun	nber, City or Town	r, State, Zip	Code)	
2 8 9		20a. METHOD OF DISPOSITION		DI ACE I		e as #1					Market Ball	or seems
E 6 ma ector, p		1 X Buriai 2 Cremation 3 Remo		netery, cre-	matory or ot	her place)		13/9!		CATION — C		
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Paul L. Hai	rtsoc		SS Ceme	AND AODRESS OF F		o I Br	00K 1 V	/n.Ma	ryland
ALTIN death. Pag funeral dir i.		1 1 1 1 1 1/2 No	A /	1 WOC	N, UI .	Leon	ard J. R	uck F	uneral	Home	, Inc	c.
BA rs after of r by the removal.	\vdash	23. PART I. Enter the diseases, or o	Most IM	d sho da	oth Do	5305	Harford	Rd.	Baltim	ore.	Md	
ST LE		snock, or naert failure.	List only one cause on a	ach line	min. Do n	ot anter the n	node or dying, au	ch aa car	- diac or reapi	ratory arro	est,	Approximata interval Between
F 9 F 7	1 1	disease or condition TO A CATILLY DILLEMAN STORAGE									Onset and Death	
4560 ted within 24 completely fills ial, cremation, event, the		reaulting in death)	DUE TO (OR AS A),0	1001				<u> </u>
2 2 2 m	z											İ
OX 68 e be execut sician and c nfor to burit traumatic	CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEC	UENCE OF):			11			
BOX cate be en thysician a e prior to	8	cause. Enter UNDERLYING CAUSE (Disease or injury	2									
ering of the party	밥	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEC	UENCE OF):						
0 6 5 0	병		l									
口音音音	AL	PART ii. Other aignificant condition	s contributing to death b	ut not r	suiting i	n the underly	ing ceuse given in	Part i.	24e. WAS AN			ERE AUTOPSY FINOINGS
ECOF puires that signed b Health ar	일	- yorlene	leur de	resc					1 YES 2		0	MILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?
L RECOR law requires that is been signed by lept. of Health an 23 shows any	ME											TYES 2 0 NO
e law requestable better that been better of 123 sho	ż	DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	F DEA	TH YE	S NO	UNCERTA	IN BE				`
TA The He ate he ate he	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEAT	H (Check only on OTHER:	•)					
F VI	IXS	1 YES 2 NO	1 Inpatient 2 ER/Outp	etlant 3		4 - Nursing Ho	ome 5 - Reeldence	8 🗆 Oth	er (Specify)			
O SH sittle be		Natural 5 Pending	(Month, Day, Year)		28b. TIME INJU	JRY V	NJURY AT YORK?	28d. DE	SCRIBE HOW IN	IJURY OCC	URED	
SION ENDING IR: After Its man	B	2 Accident investigation	28s. PLACE OF INJURY	— At hor	ne ferm e		YES 2 NO	201.10	CATION (Or or or	and All and	0.10	
/ISION TENDING TEN: After The death	TED	3 Suicide 8 Could not be determined	building, atc. (Spec	cify)	, rarm, s	treet, ractory, on	nce	C/ty	CATION (Street a r or Town, Stete)	nd Number (or Hural Hou	te Number,
DIVISION OF ATTENDING I	-	29e. CERTIFIER	SIAM. To the best of our leaves			versa in the			ar 1 2 3 1 1 2 2 2 1			
E AL			CIAN: To the best of my know R: On the beele of examination									T. 1019 0-0-21
	S	29b. SIGNATURE AND TITLE OF CERTIFIER				.,y opinion,	-		e end piece, and	-		
THE STATE OF THE S	BE	Fine	15 Muli	1 1	70		1376	37		29d. DANE	0/92	geth, Day, Year)
R R M	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEN	1 27) (Type,	Print)	1,7 - 40			1/	100	
10		Timothy Herlihy,)					
Λ)												

32 MEGISTRAR'S CONATOR

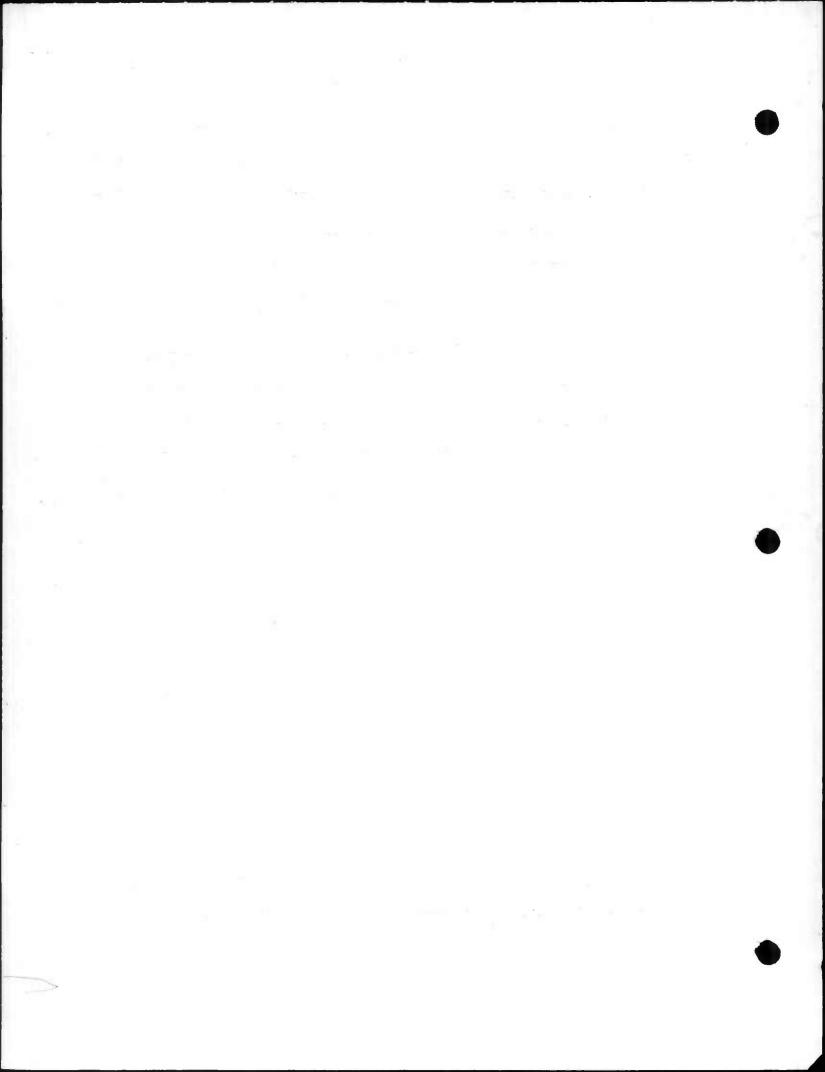


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BALTIMORE, MARYLAND 21215-0020	TSICIAN: The law requires that the death certificate be executed within zx-nours after death. Page 6 may be retained by the hospital or attending physician.	a certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OF PERIODS PHYSICIAN. The law requires that the death certificate be executed within 24	TO THE FUNERAL IMEGINE ARE THE Certificate has been signed by the attending physician and completely fil	be filed within 72 file and the state bept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If New 26 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL	HYGIEN REG. NO.	Ε			
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3.	TIME OF DEATH	
- 5	Charles Dougl	as Mc Gee				Jan	uary 1	0. 199	AR 5	7:45 A.	M M
9		S. SEX 8. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	F BIRTH	8, 1	BIRTHPL	ACE (State or Fore	
			6 YRS.	MONTHS DAYS	HOURS MIN.	10-	Day, Year) 7-1928		Country)	igan	
œ	9a, FACILITY NAME (If not institution, give stree				OR LOCATION OF D	EATH		9c. COUNTY	OF DEAT	Н	
DIRECTOR	1404 Charmuth	Road		Lut	herville			Balt	imoı	re	
REC	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOC	ATION				10	d. INSIDE CITY	
		imore		Lutherv	ille				1	YES 2 V N	10
RAL	1404 Charmut	11 5 1		1	Of. ZIP CODE			10g. CITIZEN	OF WHA	T COUNTRY?	
FUNERAL		Ch Road 2. WAS DECEDENT EVER II			21093			U.S.			
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? TY YES	² □NO ATES Korea	n 13. WAS DE	CENDENT OF HISPA pecify Cuban, Mexic S 2 NO Speci	an, Puerto R	(Specify Yes ican, etc.)		RACE — Black, W Specify:	American Indian hita, etc. White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TIÓN moletedi	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working				16b. KIND OF BUSINESS/INDUSTRY				
		College (1-4 or 5+)	life. Do NOT us	ne retired.)							
₹		_ 2	Termina	al Manag	,		Ryder				
8	17. FATHER'S NAME (First, Middle, Lest) John M. Mc Gee	2			18. MOTHER'S N		are are an				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural		Ho		le l		
2	Mrs Marcia A. Mc	Gee			th Road,					~# 210C	,,
	20s. METHOD OF DISPOSITION 1 G Burial 2 G Cremation 3 G Remova	206	PLACE AND DATE O	F DISPOSITION /	lama of	DATE	20c. LO	CATION - City	or Town.	State	
	HIIItop' Service Corp. 1-16-95 Towson, Maryla:									land 21	204
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Wallace S. Brooks, Jr. Ruck Towson Funeral Home, Inc. Towson, Md.										
	anock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final									Approximatinterval Bet Onset and I	ween
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7):	lar aus	ast					
AL	PART II. Other significent conditions of	contributing to death b	ut not resulting l	n the underlyir	ng ceuze given in		24a. WAS AN A PERFOR	MED?	CO	RE AUTOPSY FINE ILABLE PRIOR TO MPLETION OF CAL DEATH?	
Σ.	DID TOBACCO USE CONTRIB	SHITE TO CALISE O	E DEATH VE	s D NO F	UNCERTAI				1 [YES 2 NO	·
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEAT			и Ц Т		-			
SIC		OSPITAL:	atient 3 DOA	OTHER:	ne 5 🗆 Residence	6 C Other	(Specify)				
主	27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c. IN	JURY AT			JURY OCCURE	D		\neg
ž	1 Natural 5 Pending 2 Accident Investigation	(MONIN, Day, Isan)	143	M 1 🗆	ORK? YES 2 NO						
TED BY PHYSICIAN: MEDIC	3 Suicide 8 Could not be determined	2 Accident 3 Suicide 8 Could not be 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26s. PLACE OF INJURY — At home, farm, street, factory, office City of Four State 1									
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: (use(s) and	d manner es stat	ed.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			29d. DATE SIG			
BE O	Lang are ~	1D			D056	575			-10		
임	30. NAME AND ADDRESS OF PERSON WHO C										
	David Hartig, M.I	10	Warren Ro	oad Co	ockeysvil	lle, N	Maryla	nd			
	JAN 1 1 1995 July Breaking County										



uld be detached for use as the bunal-transit permit. Pages 1, 2, 3 should ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 OF VITAL RECORDS, P.O. BOX 68760 SCIAN. The law requires that the death certificate be executed with

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this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	in deap with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO THE FUNER DE filed within Z

_ S	OR TATE EGISTRAR		STATE OF I	MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIENE REG. NO.
. DEC	EDENT'S NAME (First	I, Middle, Last)					2. DATE OF DEATH
M	ARGARET	EVELY	N MOORE				JANUARY 9
	CIAL SECURITY NUM		5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)

	1 - STATE REGISTRAR	STATE OF N	//MARYLAND CE				EALTH DEAT		MENT	AL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					- 0.	O LA		2. DA1	E OF DEATN		3.	TIME OF DEATH
	MARGARET EVELYN	NOORE							MON			YEAR	2:10 p M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7 DAT	E OF BIRTH	L		ACE (State or Foreign
1	213-20-7049	1 □ M 2 😿 F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	.Tin]	y 19,19	ווו	Country)	land
-	98. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	r, TOWN C	R LOCATIO			J -/1-/		Y OF DEAT	
æ	GREATER BALTIMOR	E MEDICA	T GENMER	,		VSON					BALTI		
DIRECTOR	RESIDENCE OF DECEDENT	E MEDICA	L CENTER		10,	VDOIV					BALTI	MORE	
Ä	10a. STATE 10b. COUNTY	timore		10c. CIT	-	OR LOCAT						10-	d. INSIDE CITY LIMITS?
		timore				Kels	ters	town				1 (YES 2 NO
M	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CITIZE	N OF WHA	T COUNTRY?
FUNERAL	6 Stitch						21	136				U.S.	
훈	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARM	NED O	13.	WAS DEC	ENDENT O	F HISPAN	IC ORIG	iN? (Specify Yes Rican, etc.)	or No- 1	4. RACE — Black, W	American Indian, hite, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES				2 X NO			, , , , , , ,		Specify:	
	15. DECEDENT'S EDUC	ATION	16a DEC	FUENTIS	HEHAL O	CCUPATIO	NM.		14	ib. KIND OF BUS	NIESS (NIES)	200	White
E	(Specify only highest grade	completed)	(Giv	m kind of	work done se retired.)	during mo	st of workin	g		IU. KIND OF BUS	INESS/INDO	SIRT	
P	Elementery/Secondary (0-12)	College (1-4 or 5 d	-)	usew						Hom	emake	r	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTN	ER'S NAM	AE (First	Middle, Maiden			
	Robert T	hompson				5	100	Evel			,		
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRES	S (Street a	nd Number	or Rural R	loute Nu	mber, City or Town	, Stete, Zip C	ode)	
2	Richard J. Moore	e	6	Sti	tchb	erry	Ct.	, Re	ist	erstown	, Md.	2113	56
	20s, METNOD OF DISPOSITION 1 Departed 2 Cremetion 3 Remo		20b. PLACE AI	ND DATE	OF DISPOS	SITION (Na	me of		DA	TE 20c. LOC	CATION - CI	y or Town,	State
	1 LaBuriel 2 La Cremation 3 La Remo	val from State	Sater	s Ch	ther place)	Cem	. ol	/13/	95	Lutherv	ille.	Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	begge de	1//		22.	NAME AN	D ADDRES	S OF FAC	HILITY				21117
	> A > 6	leas D	-							Chapel			
\neg	23. PART I. Entar the diseasea, or co	omnications the	t caused the dee	th Do r	1	1605	Rei	ster	sto	n Rd	Owin	gs Mi	lls Md.
	ahock, or heart fallura. L	lat only one cau	se on each line.	idi. 00 i	ot amai	the mo	da or dyn	ig, auci	i aa ca	rotale or reapti	atory arres	ιι,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in death) = CONGESTIVE HEART FAKURE 2 4000												
	resulting in death)		(OR AS A CONSEO			16	1000		110	JVG.			2 10040
_	_		(SIL NO IL GOTTOLO	oenoe o	,								
0	Sequentially list conditions, If any, leading to immediate	DUE TO	(OR AS A CONSEOU	UENCE O	F):								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury												
E	that initiated events	DUE TO	(OR AS A CONSEO	UENCE O	F):								
CERTIFICATION	reaulting in death) LAST												
	PART II. Other aignificant conditions	contributing to	death but not re	auiting	In the u	derlying	COLUED O	lven In I	Dart I	24a, WAS AN	ALITOREY	0.41- 148	DE AUTORON ENIDANOS
CAL	3,3,1,0,1,0,1,0,1,0,1,0,1,0,1,0,1,0,1,0,	- continuenting to	dutil but not re	auting	in the u	idanying	rause g	iven in i	eurt I.	PERFOR		AVI	RE AUTOPSY FINDINGS
	-									1 TYES 2	□ NO		MPLETION OF CAUSE DEATH?
Σ	DID TODA CCO HIST CONTROL											1[YES 2 NO
PHYSICIAN: MED	DID TOBACCO USE CONTR	IBUIE IO CA					-UNC	ERTAIN	1 📙				
2	EXAMINER?	HOSPITAL:	26. PLACE		OTHE								
₹	1 TYES 2 NO	28a. DATE OF	ER/Outpetient 3	28b. TIM	_			eldenca (er (Specify)			
	1 Natural 5 Pending	(Month, De	ay, Year)		URY	28c. INJI	RK?	100	28d. DI	ESCRIBE HOW IN	JURY OCCU	RED	
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE O	F INJURY — At hom	o form	treat fac		ES 2	NO	204 1 0	CATION (Press)	ad Mosebas as	D 1 D 4	Number
	4 Nomicide 6 Could not be	building,	etc. (Specify)	-w, run in, .	ottoot, rac	iory, office			Cit	CATION (Street a y or Town, State)	nd Number or	HURII HOUR	Number,
9	29a. CERTIFIER					_							
COMPLET	(Check only												
8	2 MEDICAL EXAMINER	. On the basis of si	camination englor in	vestigatio	n, in my o	opinion, de	eath occur	d at the t	lime, de	le and place, end	I due to the	ceuse(a) en	d manner ee stated.
BE (296. SIGNATURE AND THE OF CENTINES	1 000	`				29c. LICE	NSE NUM	DER DIO		29d. DATE S	IGNED (Mo	inth, Day, Year)
2	1 John	and lath	J				400	とうー	717		P 1/	1/1/2	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEM			11				0		1	1212
	1. V126.200	1 /10	650	(1	/ C	472	CES		57	B,	ALTO	0	1212
	JAN I I 1995	d to de service	TURE										

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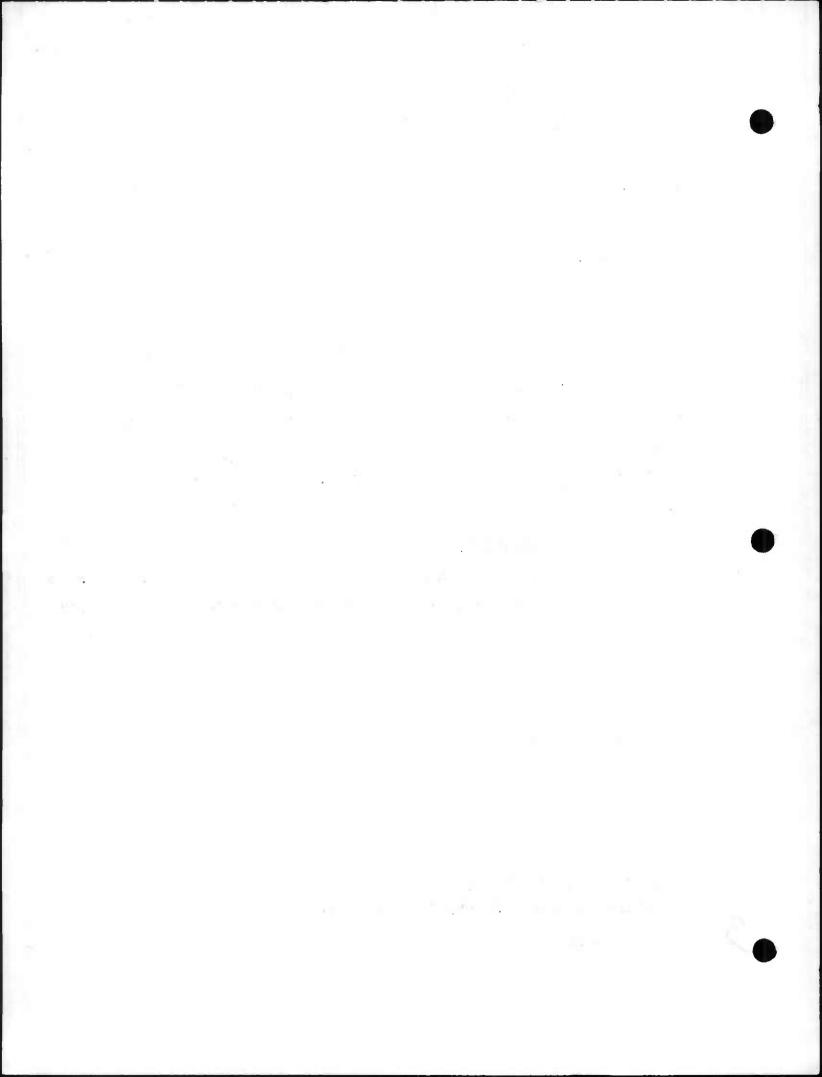
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HISELY OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be set where the safe begt, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPERIANT ILLER 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR

	1. OECEDENT'S NAME (First	, Middle, Last)			MULLI	ER		2. DATE OF MONTH		1995	YEAR	3. TIME OF DEATH 7:08 am
	4. SOCIAL SECURITY NUME 215-24-372		5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D			Countr	
OR	9a. FACILITY NAME (If not in Saint Josep	stitution, give s	,	00	1		OR LOCATION OF DI	EATH	4,15	9c. COUNT		
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	,		10c CITY	TOWN OR LOC	ATION					10d. INSIDE CITY
E	Maryland		ltimore			Baltim						LIMITS?
	10e. STREET AND NUMBER		·		L		Of. ZIP CODE			10g. CITIZI	EN OF W	WHAT COUNTRY?
ER/	9417 Per	glen R	.oad				21236				S.A	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo		FORCES?	TEVER IN U.S. ARI YES 2 X N WAR OR DATES	RMED 13. WAS DECENDENT OF HISPANIC ORIGIN If yes, specify Cuban, Mexican, Puerlo 1 YES 2 N O Specify:				rio Rican, etc.) Black, White, e			- American Indian, c, White, etc.
E	15. OEC (Specify onl	EDENT'S EOU	CATION completed)	16a. DE(CEDENT'S US	SUAL OCCUPAT	ION	16b. KI	ND OF BUS	INESS/INDU		
COMPLETED	(Specify only highest grade completed) Elementery/Secondary (0-12) B (Give kind of work done during most of working life. Do NOT use retired.) Homemaker Own Home											
ő	17. FATNER'S NAME (First, M						18. MOTHER'S NA	ME (First, Mich	die, Maiden	Sumame)		
BE (John B				2.		Margar	et W	ilhel	.m		
2							and Number or Rural				Code)	
			uller (n Road, E				123	-
	20a. METHOD OF DISPOSIT 1 XBuriel 2 Crematic 4 Donation 5 Other	n 3 🗆 Rem	oval from State	cemetery cres	natory or othe	DISPOSITION (F or place) emeter		DATE 20c. LOCATION — City or Town, State 1/13 Baltimore, Maryland				
- 1	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	/	22. NAME AND ADDRESS OF FACILITY							
	Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval onset in the cause of											Approximate interval Between Onset and Daath 5 DYS.
	DUE TO (OR AS A CONSEQUENCE OF):										- 19	
NO	Sequentially list condit	lons.	COR PUL									8 YRS.
CATI	If any, leading to imme cause. Enter UNDERLY	dlata ING		OR AS A CONSECUTION OF AGE CHRO		BSTRUC	TIVE LUNG	DISEA	SE			s YRS.
ERTIF	CAUSE (Disease Dr Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
0	PART II. Other significa	nt condition	a contributing to	daath but not n	aulting in	tha undarlyl	ng causa givan in	Part I. 24	la. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL CERTIFICATION									PERFOR	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
												3 73
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:				LACE OF DEATH (Ch	eck only one)				
YSI	1 TYES 2 NO		Jan Inpatient 2	ER/Outpetlent 3		OTHER:	me 5 🗆 Residence	8 Other (S	Specify)			
ву Рн		Pending Investigation	28a. DATE OF (Month, E		26b. TIME (SA M	JURY AT ORK? YES 2 NO	28d. DESCR	IBE HOW IN	JURY OCCU	IRED	
G	3 Suicide 6	Could not be determined	28e. PLACE (building	F INJURY — At hor etc. (Specify)	ne, farm, str	et, fectory, off	ce		ON (Street a Town, State)	nd Number o	r Rural F	Route Number,
COMPLET							a and place, and due death occured at the) and manner as stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIER	P. Du	non	N	1.0	29c, LICENSE NUI	MBER		29d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF BEATRIZ P.	PESSON WHI	M.D., 76	F DEATH (ITEN	27) (Type, P	rint)	1	204		1		, / 7/3
	JAN 11 1	995	32. Asgista	AR'S SCHATTERS								



DIVISION OF VITAL RECORDS, P.O. BOX 68760 INCEPTIFE OF THENDING PHYSICIAN: The law requires that the death certificate be executed with

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	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		A 21 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	mpletel	or and death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event,
	and co	burial of	natic
	ysician	prior to	traur
	nd bu	/giene	other
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	After	death	E
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										2	J	00470	
	1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND /	DEPAR	TMEN	T OF H	EALTH DEAT	AND I	MENTAL HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH	
	Felix H. Morn	cison							January 9	100	YEAR	8:00 A. M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. las	t hirthriau	AE LINDS	R 1 YEAR	IF UNDER	24 4400	7. DATE OF BIRTH	, 199		IPLACE (State or Foreign	
	213-03-3952	1 🕅 M 2 🗆 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		Count	(ny)	
			0.5	THO.					Feb. 18,	1909	Ma	ryland	
-	9a. FACILITY NAME (If not institution, give s				9b. CIT	Y, TOWN O	R LOCATIO	ON OF D	EATH	9c. COU	NTY OF D	DEATH	
0	Littlefield Boar	ding Home				Darl	ingt	on		ord			
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT												
E		•		10c. CIT		OR LOCAT				10d, INSIDE CITY LIMITS?			
		vard			I	Ellic	ott	City	7			1 TES 2 NO	
FUNERAL	10e. STREET AND NUMBER					101.	ZIP CODE	E	10g. CITIZEN OF			WHAT COUNTRY?	
ᇤ	3733 Chatham Roa	ıd				- 1	2104	2		U.	S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT EV			13.	WAS DEC	ENDENT O	F HISPAI			14. RACI	E — American Indian.	
L.	1 Never Married 2 Married	FORCES? 1X		10		If yes, spe	ecify Cuber	n, Mexica			Bleck	E — American Indian, k, Whita, atc.	
B⊀	3 X Widowed 4 Divorced	WW	S, OIVE WAR OR DATES WW II					Specin			Speci	"y:White	
유	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL C	CCUPATIO	TION 16b, KIND OF E			SINESS/INC			
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 6+)	ompleted) (Give kind of work done d					ring most of working			,001111		
COMPLETED	N/A N/A Owner							Groces	rv St	ore			
M	17. FATHER'S NAME (First, Middle, Last)			0 11 1		-	40 44000		ME (First, Middle, Malden		Ole		
	Millard Morrison									Sumame)			
B		TOIL						rah		-			
2	19a. INFORMANT'S NAME (Type/Print)								Route Number, City or Tow				
- I	Mrs. Doris Knorr (daughter) 3733 Chatham Road, Ellicott City, MD 21042												
	20a. METHOD OF DISPOSITION 1 Burlai 2 (A Cremetion 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of Cemetery, cremetory or other place)												
	4 Donation 6 Other (Specify) Green Mount Crematory 1/11 Baltimore, Maryland												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest												
	snock, or nasir failure. List only one cause on each lina.												
	IMMEDIATE CAUSE (Final Onset and Dasth												
- 4	disease or condition - s. Serile dementia with defradation and malmetrition												
	disease or condition - resulting in death) s. Serile dementia with dehydration and malmifrition Due to (or as a consciuence of): Non-insulin dependent dialiets.												
z	Non-involve dear tout die late												
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEC	UENCE OF	1			AMA	-06				
S	cause. Entar UNDERLYING	. Old	stick	200									
Ē	CAUSE (Disesse or Injury that initiated events	QUE TO (OR	AS A CONSEC	UENCE OF	<u>):</u>	^			4				
CERTIFICATION	resulting in death) LAST	· deals	Ver no	25	2. 1	11/0		0	diagon	0			
핑		s. To care	- Ja	144	lery	VIL	acid	LAV	asses			+	
7	PART II. Other significant condition	s contributing to dea	th but not re	asuiting i	n the u	ndariying	cause g	iven in			24b.	WERE AUTOPSY FINDINGS	
MEDICAL									PERFOR	. /		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
밀									1 YES 2	X NO		OF DEATH?	
	DID TORACCO LISE CONITI	DIDLITE TO CALIC	F OF DEA	THE VE	c 🗀	NO [11110					1 YES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONT	CIBUTE TO CAUSI					UNC	ERTAIN	<u> </u>				
O	EXAMINER?	HOSPITAL:	26. PLAC	E OF DEAT	OTHE	-				0	. 6	- 11	
ΥS	1 VES 2 NO	1 Inpatient 2 ER/		□ DOA		rsing Home	5 🗆 Rec	sidence	Other (Specify)	1200	rde	a Home	
표	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye		28b. TIMI	E OF URY	28c. INJL WOF			26d. DESCRIBE HOW II	NJURY OCC	CURED	J	
ВУ	1 Natural 5 Pending Investigation			ne	М		ES 2	NO				7.5	
	3 Suicide 6 Could not be	26a. PLACE OF IN. building, etc.	JURY At hor	me, farm, s	treet, fac	tory, office			261. LOCATION (Street a	nd Number	or Rural F	loute Number,	
ETE	4 Homicide detarmined								City or Town, State)				
ا ۳	29a. CERTIFIER 1 CERTIFYING PHYSI	CIÁN: To the best of	rnowledes de	oth occur	d at 44.	des des				olle = Jiv			
COMPL	(Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the ceuse(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
8			non and/or li	ivestigation	n, un my o	opinion, de	with occurr	ed at the	time, data and placa, an	d due to th	e cause(s) and manner as stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)												
0 8	yelly o.	C 02	mull	X			MI	1)	0/8779	•	1/0	9/95	
	CO MANE AND ADDRESS OF SERVICE	O COMPLETED CALLES OF					-		/				

21047

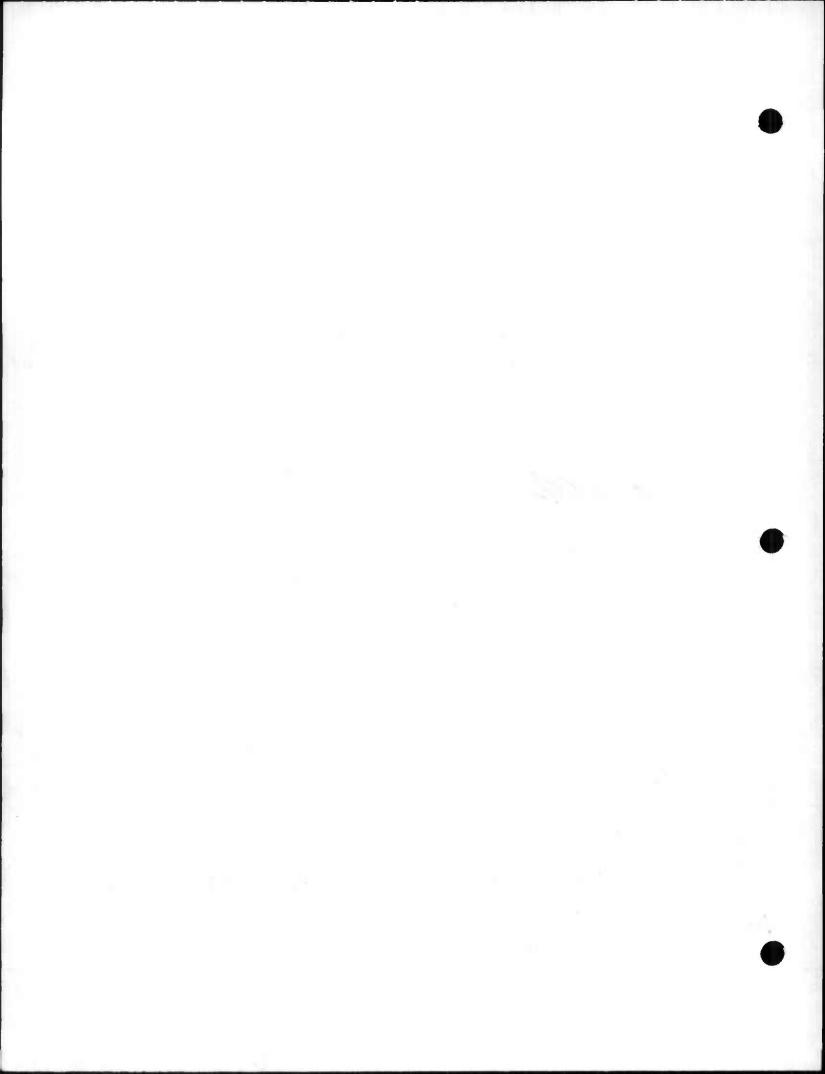
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Albert Sun, 1800 Harford Road, Fallston, MD

31. DATE FILED (Month, Dey. Year)

JAN 1 1 1995

July Davidson Review



BALTIMORE, MARYLAND 21215-0020 TON OF VITAL RECORDS, P.O. BOX 68760

BALLIMORE, MARTLAND 21213-0020	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	or state has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	or removal,	medical examiner must be notified at once.	
THE DECORDS, F.O. BOX 88/80	TO THE HOSPITAL OR ATTENDIAGE PHYSICIAN: The law requires that the death certificate be executed within 24 I	TO THE FUNERAL UNCTUR AREA OF COMPLETE AND COMPLETE STORY OF THE Attending physician and completely fills	be filed within 72 hours among the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN				
Į.	1. DECEDENT'S NAME (First, Middle, Last)	NII MOCELET				2. DATE OF DEATH MONTH D	AY YEA			
	DAWN RENEZ	AU MOSELEY	In vrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	01 09	95	1:30 M		
-	217-90-1043 9. FACILITY NAME (If not institution, give st	1 - M 2 - XF	22 YRS.	MONTHS DAYS	HOURS MIN.	06 21	72 🖔	IRGINIA		
OR	312 HAILE AVENU				KLYN PA		ANNE	ARUNDEL		
EG	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCAL	TION			10d. INSIDE CITY		
L DIRECTOR	MARYLAND ANNE	ARUNDEL			YN PARK			1 YES 2XXNO		
RA	312 HAILE AVENU	IE			21225			S.A.		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN				IIC ORIGIN? (Specify Yes	or No.— 14. R	ACE — American Indian.		
B⊀	XXNever Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO NTES X	If yes, sp		n, Puerto Rican, atc.)		Black, White, etc. Specify: HITE		
E	15. DECEDENT'S EDUC (Specify only highest grade			USUAL OCCUPATION		16b. KIND OF BU	SINESS/INDUSTR	m		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	RKETER	or or working	SA	LES			
CON	17. FATHER'S NAME (First, Middle, Last) DAVID G. MOSE	LEY				ME (First, Middle, Melden L. G. FUL)				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street a	nd Number or Rural F	Route Number, City or Tow	n, State, Zip Code)		
2	CHERYL G. MOSI	ELEY	312 H	AILE AV	ENUE-B	ALTIMORE	,MD. 2	1225		
	20e. METHOD OF DISPOSITION 1 Durist 2 Commation B Remo	wel from State 20b.	PLACE AND DATE OF PLACE AND DA	OF DISPOSITION (No ther place) IN CEME		1/14 POR	CATION CHE	SAPEAKE-		
	21. SIGNATURE OF FUHARIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
- 5	426 CRAIN HWY.S.W.GLEN BURNIE, MD.									
	V	omplications that caused List only one cause on ea	the death. Do r	not enter the mo	de of dying, sucl	as cardiec or reepi	iratory arrest,	Approximata interval Between		
	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	chma	rena	l Fai	line			Onset and Death Yeary		
Z	C.	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF	es hon	athy			Years		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	F): /				7		
JFIC.	CAUSE (Disease or injury that initieted events	OUE TO (OR AS A	CONSEQUENCE OF	F):						
ERI	reaulting in deeth) LAST	i								
AL C	PART II. Other significant conditions	s contributing to deeth be	ut not resulting	In the underlying	g cause given in	Part i. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
						1 YES 2		COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC								1 _ YES 2 _ NO		
AN	DID TOBACCO USE CONTR		F DEATH YE		UNCERTAIN	1 🗆 📗				
SICI	EXAMINER?	HOSPITAL:	selling to the		e 5 Residence	• Cl • • • • • • • • • • • • • • • • • •				
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM	E OF 28c. INJ	URY AT	28d. DESCRIBE HOW I	NJURY OCCURED	,		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1 1	PK? (ES 2 NO					
	3 Suicida 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, s	streat, factory, offic		28f. LOCATION (Street of City or Town, State)	and Number or Ru	rel Route Number,		
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	edge, death occurre	ed at the time, date	end place, and due	to the cause(a) and mar	nner ee stated.			
OM	one) 2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation	n, in my opinion, d	eath occured at the	time, date end pieca, en	d due to the ceu	se(e) end menner ee stated.		
BE C	29b. SIGNATURE AND THE OF CERTIFIER		2		29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, N					
D 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)						09/95				
		D.1600 S.			6-CLEN	BURNTE	(ID 21)	061		
	31. DATE FILED (Month, Day, Year)	A32. REGISTRANS SIGNA		11111.1120	O-GUEIN	DOWNTE'L	W. ZI	201		
1	111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	~ dramatecentre	*					- 1		

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within schours after death. Page 6 may be retained by the hospital or attending physician.

SERV. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should that the complete in the State Dept. of Health and Mental Hygiene prior to burial, tremation, or removal.

SERVINGE THE PARTY IN THE STATE OF THE BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

1			OLITI	HOATE	OI DE	-7111	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Shirley E. Midgett 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 1. TIME OF DEATH MONTH 1. TAP 4. 1995										
										:30 р. м	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 X F 6. AGE (In yrs. last			hday) IF UNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN.			(Month, Day, Year) Country			ACE (State or Foreign	
			,,,					1929	mary	land	
m	9e. FACILITY NAME (If not institution, give street a					CATION OF DE	ATN		NTY OF DEAT	TN .	
<u>ē</u>	Lorien Frankford Nursing Home				imore	2		N/A			
ا <u>ا</u>	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		100	CITY, TOWN OR	LOCATION						
DIRECTOR	Maryland N/A			altimor						d. INSIDE CITY LIMITS? X YES 2 NO	
A	10e. STREET AND NUMBER				10f. ZIP	CODE		10g. CITI	ZEN OF WHA	T COUNTRY?	
FUNERAL	3628 Dudley Avenue		21213			U.S.A.					
5		WAS DECEDENT EVE	R IN U.S. ARMED	13. W	S DECENDE	NT OF HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE -	American Indian,	
		FORCES? 1 YE	DATES	1111	yes, specify (NO Specify	n, Puerto Ricen, etc.)		Black, W Specify:	Thite, etc.	
B	3 Widowed 4 Divorced				, a				ороску.	White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	N leted)	18e. DECEDEN	T'S USUAL OCC of work done du	UPATION	voddaa	16b. KIND OF BUS	INESS/IND	USTRY		
9	Elementary/Secondary (0-12) Col	lege (1-4 or 5+)	life. Do NO	T use retired.)	mg most or r	vorang					
P P	12th		Credia	Manag	er		Clothi	ing S	tore		
ġ	17. FATHER'S NAME (First, Middle, Last)				18.	MOTNER'S NAM	NE (First, Middle, Malden	Sumame)			
BE	William Bangs					Cather	ine Gritza	ın			
	19e. INFORMANT'S NAME (Type/Print)		19b. MAJL	NO ADDRESS (Street and Nu	mber or Rural R	loute Number, City or Town	, State, Zip	Code)		
임	Carroll E. Midgett S	Sr. (Husba	and) 36:	28 Dud1	ley Av	enue,	Baltimore	Md.	212	13	
	20. METNOD OF DISPOSITION		Ob. PLACE AND DA	TE OF DISPOSIT	ION (Name of				City or Town,	State	
	1 X Buriat 2 Cremetion 3 Removal for 4 Donetion 5 Other (Specify)	rom State	Parkwood	Cemet	erv					Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE			△ 22. N/	ME AND AD	DRESS OF FAC	CILITY			Laryrand	
	* Eugene	7		/			eral Home				
_		Lus	ne				ane, Balti			21213	
	23. PART I. Enter the diseases, or complications that caused the death. Do not aniar the mode of dying, such as cardisc or respiratory errest, ehock, or heert failure. Liet only one cause on each line.										
	IMMEDIATE CAUSE (Final disesse or condition		SEPSIS						Α.	Onset and Deeth	
	resulting in death) e		S A CONSEQUENCE	.00					-		
		DOE 10 (0H A	A CONSCOUENCE	: OF):							
5	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
4	if eny, lasding to immediata cause. Enter UNDERLYING		A CONCEOUENCE	. 01).							
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OFI:			<u></u>				
Ē	resulting in death) LAST	1,1911		/.							
5 I	d										
۱ پ	PART II. Other significant conditions con	ntributing to death	but not resulting	g in the und	arlying cau	se given in i	Part I. 24s. WAS AN			RE AUTOPSY FINDINGS	
EDICAL	Quadraparesi	5 seco	ndary	to a	wion	e	PERFOR		CO	AILABLE PRIOR TO MPLETION OF CAUSE	
	Spordylosis						_			DEATH? YES 2 NO	
2	DID TOBACCO USE CONTRIBU	TE TO CAUSE	OF DEATH	YES N	O DE U	NCFRTAIN			1] 160 1 110	
₹∥	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF D								
SICIAN:		SPITAL: Inpetient 2 - ER/O	utpatient 3 🗆 DO4	OTHER:	a Name & C	Beeldense 4	B ☐ Other (Specify)				
<u> </u>		280. DATE OF INJUR	Y 28b. 1		Bc. INJURY A	- T	28d. DESCRIBE NOW IN	LIURY OCC	URED		
	1 Natural 5 Pending	(Month, Day, Year		INJURY	WORK?	2 NO	and begoing not in		ONED		
20 H	2 Accident Investigation 3 Sutcide 8 Could not be	28e. PLACE OF INJU	RY — At home terr				204 LOCATION /Clm et a	and Abanehan	D D		
3	4 Nomicide 8 Could not be	butiding, etc. (Sp	pecify)	n, acreac, ractor	, onice		281. LOCATION (Street et City or Town, Stete)	na Number	or Hurair House	Number,	
7.6	29e. CERTIFIER										
Ē	(Check only CERTIFYING PHYSICIAN:										
9	2 MEDICAL EXAMINER: On	the basis of examinat	tion end/or investiga	itlon, in my opis	nion, death o	coured at the t	ime, date and place, end	due to the	ceuse(a) en	d manner se stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, I								onth, Day, Year)			
	21.00				1	D40	480	•	1/6/9	4	
5	30. NAME AND ADDRESS OF PERSON WHO COM				1				1-11		
	Dr. Fernando Ferre,	5810 Bel	air Road	, Ba1	timor	e, Md.	21206				
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIC	SNATURE								
	JAN 1 1 1995 July	dudior	ardall								

FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

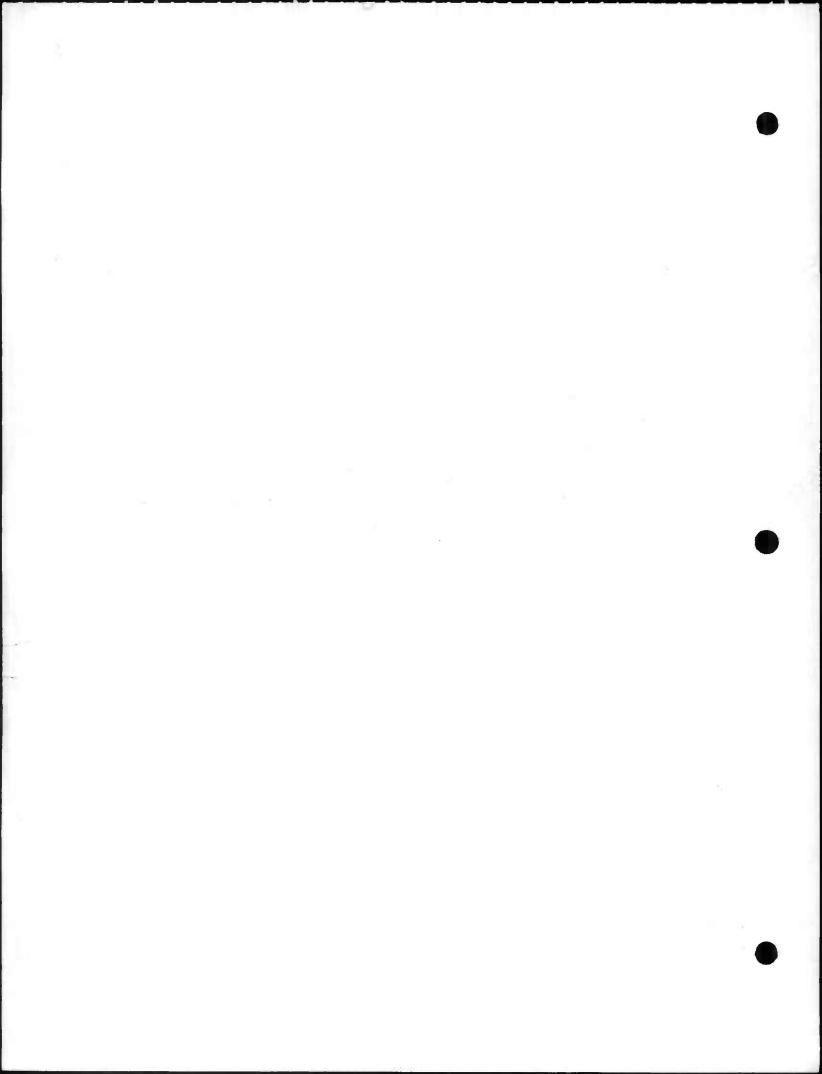
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH c Duffie 1:04 AM 95 0 4. SOCIAL SECURITY NUN 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month. Day, Year) 9-52-3969 1 M 2 - F DAYS HOURS YRS. 05-09 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RECTOR Liberty Medical Center 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ō Maryland Baltimore 1 XYES 2 NO permit. I FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? burial-transit 2103 Longwood Street 21216 USA Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TONO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto R

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BΥ Specify 3 Widowed 4 Divorced use as the Black 9 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) page 5 should be detached for College (1-4 or 5+) High School unemployed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Philip McDuffie BE Sadie Forman 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Sadie McDuffie 2103 North Longwood Street Baltimore, MD 21216 be 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata must 20s. METHOD OF DISPOSITION

1 Transport of the state of t Jan IO funeral director, cometery, crematory or other place) Arbutus <u>Memorial Park</u> Baltimore, MD medical examiner 22. NAME AND ADDRESS OF FACILITY Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE nours after death. Nutter Funeral Homes the attending physician and completely filled in by the I Mental Hygiene prior to burial, cremation, or removal. 2501 gwynns Falls Parkway 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death the disease or condition AIDS event, 1 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS DIRECTOR: After this certificate has been signed by hours after death with the State Dept. of Health and AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 23 shows any 1 ☐ YES 2 ☐ NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: DR ATTENDING PHYSICIAN: The law 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL tem OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 10 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, Natural 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .50 6 Could not be 28 4 Homicide determined COMPLET Hem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beaf of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) EINERAL Applio 72 = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated 29b. SIGNATURE AND TUTLE OF CENTIFIEB 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month Day Year) 2 32. HE GISTENE'S SWINT HELL 31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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BOX	
P.O.	
RECORDS,	
F VITAL	
DIVISION	
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THE TRAINING PHYSICIAN: The law requires that the death certificate be executed within. Fhours after death. Page 6 may be retained by the hospital or attending physician.

To hours after this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be used to after the burial-transit permit. Pages 1, 2, 3 should be used to be used. Or leasth and Mental Hygiene prior to burial, cremation, or removal.

If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	mock			2. DATE OF DEATH	AY YEAR 3. TIME OF CEATH			
	217-07-1590	1 X M 2 □ F		FUNDER 1 YEAR IF UNDER 24 I	HRS. 7. DATE OF BIRTH (Month, Day, Year) FEB. 4 1	911 S.C.			
æ	9a. FACILITY NAME (If not institution, give stre		۰	b. CITY, TOWN OR LOCATION	OF DEATH	9c. COUNTY OF DEATH			
5	UNIVERSITY HO	DSPITAL		BALTIMORE		BALTIMORE			
DIRECTOR	MD. BALT	IMORE		OWN OR LOCATION BALTIMORE		tod. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO} \) NO			
FUNERAL	100. STREET AND NUMBER 1012 NORTH RO	OCEDALE CO		10f. ZIP CODE	1.6	10g. CITIZEN OF WHAT COUNTRY?			
NE NE		12. WAS DECEDENT EVER IN		212	ISPANIC ORIGIN? (Specify Ye	U.S.A.			
BY FL	t Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 ZNO		faxican, Puerto Rican, etc.)	s or No- 14. RACE — American Indian, Black, White, atc. Specify: BLACK			
ED	t5. DECEDENT'S EDUCA (Specify only highest grade or	ATION (completed)	18a. DECEDENT'S US	UAL OCCUPATION k done during most of working	16b. KIND OF BU	SINESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12) 6 TH	College (1-4 or 5+)	ENGINEE	etired.)	BALTI	MORE CITY			
NO.	17. FATHER'S NAME (First, Middle, Lest)			16. MOTHER	'S NAME (First, Middle, Maiden	Surname)			
BE	PETER MACK				RY WILLIAM				
5	19a. INFORMANT'S NAME (Type/Print) QUEEN POWELL		19b. MAILING AI 2315	GILFORD AV	Rural Route Number, City or Tow E, BALTIMO	n, State, Zip Code) RE MD .			
	20e METHOD OF DISPOSITION t \(\times \) Burlal 2 \(\times \) Cremation 3 \(\times \) Remode 4 \(\times \) Donation 5 \(\times \) Other (Specify)	from State 20b.	PLACE AND DATE OF	DISPOSITION (Name of Chace) IEM PARK 9		CATION — City or Town, State ALTIMORE, MD.			
	21. SIGNATURE OF FUNERAL SERVICE LICE	MEE .		22. NAME AND ADDRESS (OF FACILITY OLLINS FUN	EPAL HOME 21701			
	· pary L.	ollin		100 WEST	ALL SAINTS	ST. FREDERICK MD			
	23. PART I. Enter the diseasea, or co shock, or heart failure. Li	implications that caused list only one cause on as	the deeth. Do not ch line.	enter the mode of dying.	, such as cardiac or reap	Interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. A 5 P : CaTi - P 0 evm - W 0630 1/4/95								
2	DUE TO (OR AS A CONSEQUENCE OF):								
ERTIFICATION	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): The standard of the standard								
틸	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	CE OF):					
CER	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS								
CAL				the undariying cause give		RMED? AVAILABLE PRIOR TO			
PHYSICIAN: MEDI				713	1 TYES	OF DEATH?			
N.	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF		NO [
SICI		HOSPITAL: 1 Inpatient 2 ER/Outpa		26. PLACE OF DEAT					
НХ	27. MANNER OF OEATH	28a. DATE OF INJURY	28b. TIME (26d. DESCRIBE HOW	NJURY OCCURED			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 TYES 2 N	o fall o	lown STRICS			
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Special	— At home, farm, atre	et, factory, office	City or Town, State,				
LET	29a. CERTIFIER	Hore				Rosedele Street			
COMPLETED						nnor as states. Thin we to many and and due to the cause(s) and manner as stated.			
ш	296. SIGNATURE AND TITLE OF CERTIFIER	1		29c. LICENS	E NUMBER	29d. DATE SIGNED (Month, Day, Year)			
D B	and a	COMPLETE CONTRACTOR			ndert	1/4/95			
	30. NAME AND ADDRESS OF PERSON WHO	P P	SLOCK	J-arn	center	battimose MD			
	31. DATE FILED MOTT. 0995 JU	Hotelston Stars	tell		2				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	3
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hospital or attending physician. funeral director, page 5 should be detached retained by the n and completely filled in by the to burial, cremation. or removal. the attending physician Mental Hygiene prior to and signed ! of o has be Dept. certificate I With C Anter DIRECTOR I TO THE FUMERAL DIFFECT be fled within 72 hours a IMPORTANT: If Item 2

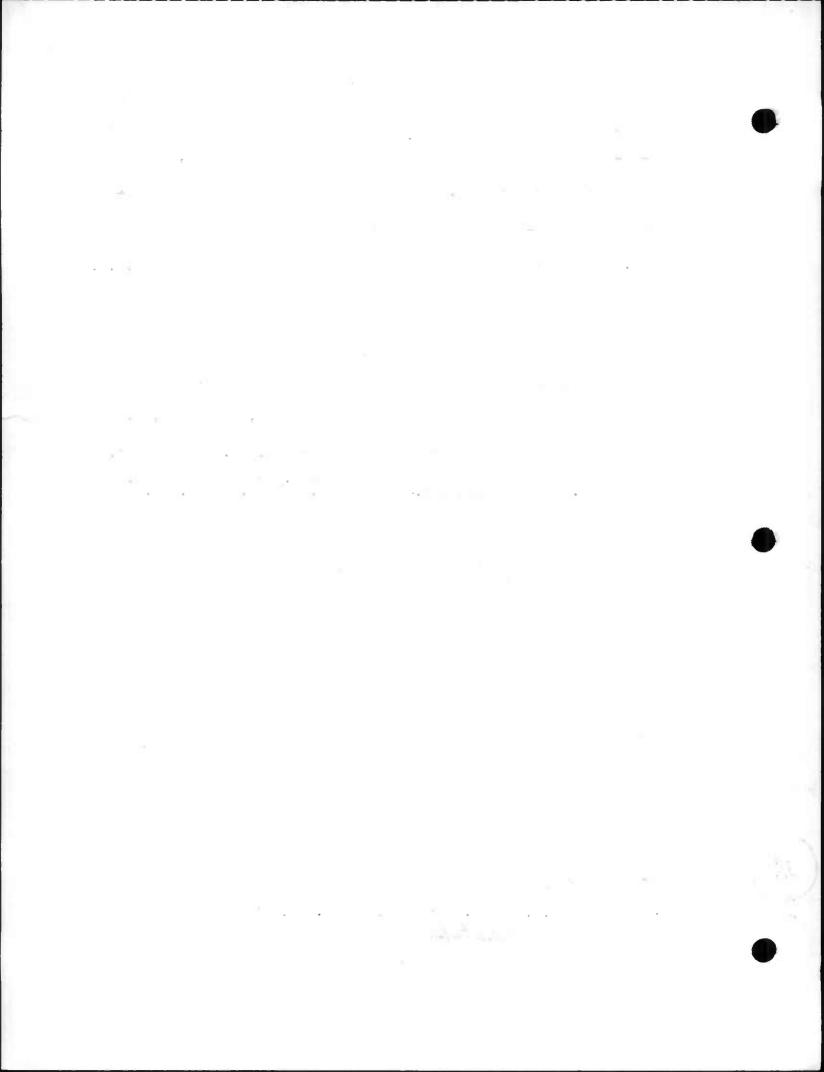
FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 258 AM ANThony MORINI 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Formion June 14, 1915 Maryland 218-09-6632 79 1 🔯 M 2 🗌 F 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Joseph Richey Hospice Inc. Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 603 S. Ann Street 21231 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuban, Mexican, Puerlo Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married В 3 Widowed 4 Divorced ETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) COMPL Delivery Man Auto Supplies 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Giovanni Morini Marie Pecci 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
6611 Sweet Air Lane, Sykesville, Md. 21784 2 Helen Wladkowski 20s. METHOD OF DISPOSITION
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - Cily or Town, Stata DATE Most Holy Redeemer Cem. Jan. 13 Baltimore, Maryland 4 ☐ Donation 6 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE

George A. Weber & Sons 22. NAME AND ADDRESS OF FACILITY Oras. George A. Weber & Sons Inc. 705 S. Ann St. Balto. Md. 21231 Inc. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate ahock, or heart failure. List only one cause on each line. Interval Betwe IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in death) DUE. TO (OR AS A CONSEQUENCE OF): espiratore CERTIFICATION Sequantially list conditions. DUE TO (DIE AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING atastasis CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST avemoura PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 □ YES 2 2 NO 1 TYES 2 ZNO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH /Check only HOSPITAL 1 YES 2 PNO □ Inpetient 2 □ EN/Outpettent 3 □ DOA me SII Res 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, War) 286. TIME OF 28c. INJURY AT WORK? 1 Neturel 1 YES 2 NO ВУ 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, term, street, factory, office building, str. (Specify) 281. LOCATION (Street and Number or Rural Route Number Gilty or Town, State) COMPLETED 8 Could not be 29a. CERTIFIER 1 CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND STILE OF CHRISTER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) D08900 unn 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D. 820 N. Eutaw St. Balto. Md. 21202 31. DATE FILED (Month, Day 3 REGINTRARY GN TUPE 1995



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TO THE HURSHAL DIRECTOR: After this certificate has been signed by the attending physician.

TO THE HURSHAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be attended for use as the burlat-transit permit. Pages 1, 2, 3 should be attended to use as the burlat-transit permit. Pages 1, 2, 3 should be attended to use as the burlat-transit permit. Pages 1, 2, 3 should be attended to use as the burlat-transit permit. Pages 1, 2, 3 should be attended at least with the State Dept. of Health and Mental Hygiens prior to burlat, the medical examiner must be notified at once.

JAN TI

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	FOR STATE OF MA	RYLAND / DE	PARTMEN'	OF HEALTI	H AND	MEN	TAL HYG	ENE		
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)			OF DEA			REG.	NO.		3. TIME OF DEATH
	MYERS RICHARD	(RTCHAI	RD A.	MYFRS	.TP	MC	HTHO	DAY	45	23:55 PM
		AGE (in yrs, lest birth			ER 24 HRS.		ATE OF BIRTH		-	HPLACE (State or Foreign
	212-36-7785 1 M 2 G F	de medi	RS. MONTHS	DAYS HOURS	MIN.	2-	fonth, Day, Yes -28-1	937	M A	RYLAND
TOR	NORTHWEST HOSPITAL CEI	NTER	9b. CITY	, TOWN OR LOCA	TION OF D	EATH		1	NUNTY OF	MORE
DIRECTOR	10s. STATE 10b. COUNTY MARYLAND BALTIMORE		CATONS	OR LOCATION				-		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 333 HARLEM LN.			101. ZIP CO						WHAT COUNTRY?
R				212					.S.A	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 FORCES? 1 FYES, GIVE WAR	YES 2 NO		WAS DECENDENT If yes, specify Cul I YES 2 No	en, Mexico	n, Pusi	IGIN? (Specify rto Ricen, stc.	y Yes or No—)	14, RAC Blac Spe	CE — American Indian, ck, Whits, stc. City: WHITE
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Ghm kin	NT'S USUAL O	CCUPATION during most of work	idng		16b. KIND OF	BUSINESS/II	NDUSTRY	
COMPLET	5=	UNK						KNOW		
BE CO	17. FATHER'S NAME (First, Middle, Last) RICHARD A. MYERS SR.						si, Middle, Ma AHMS	iden Surnsme)		
	19s. INFORMANT'S NAME (Type/Print)	19b. MAI	LING ADDRESS	(Street and Numb	er or Rural :	Route N	lumber, City or	Town, State, 2	Zip Code)	
10	LAURA MYERS			ANWOOD						206.
d	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND D			7	1	/95 B	ALTO		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22.	NAME AND ADDR	ESS OF FA	CILITY				
	William K. Vacco	11	4	1905 Y	DRK	RD.	. BAL	TO.,1	MD.	21212.
	23. PART I. Enter the diseases, or complications that c shock, or heart fellure. List only one cause IMMEDIATE CAUSE (Finel disease or condition	on eech line.					cardlec or n	espiratory a	rraet,	Approximate interval Between Onset and Death
	resulting in death) e. PNEUMONIA SEPSIS. DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST b. IVER CIRR HOSIS DUE TO (OR AS A CONSEQUENCE OF): C. HEPATIC ENCEPHALO PATHY.									
2										
PHYSICIAN: MEDICAL	PART II. Other eignificent conditione contributing to deeth but not reculting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AMAILA COMPILE OF DE.							AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AN: N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN 1 YES 2/2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check anly one)									
0	EXAMINER? HQSPITAL:		OTHER	₹:		-	_			
<u>₹</u>	1 YES 2 NO 1 I Inpettent 2 EI			sing Home 5 🗆 I	Residencs					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2	□ NO	28d. DESCRIBE HOW INJURY OCCURED				
		IJURY — At home, to . (Specify)	rm, street, fact	ory, offics		28t. L	OCATION (St.	reet and Numb tate)	er or Rural	Route Number,
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the best of sxem									s) and menner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	D.			ENSE NUI		<u> </u>	29d. DA	TE SIGNE	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	DE DEATH STEM 27	(T 0-1-e)		, - (7	1 10

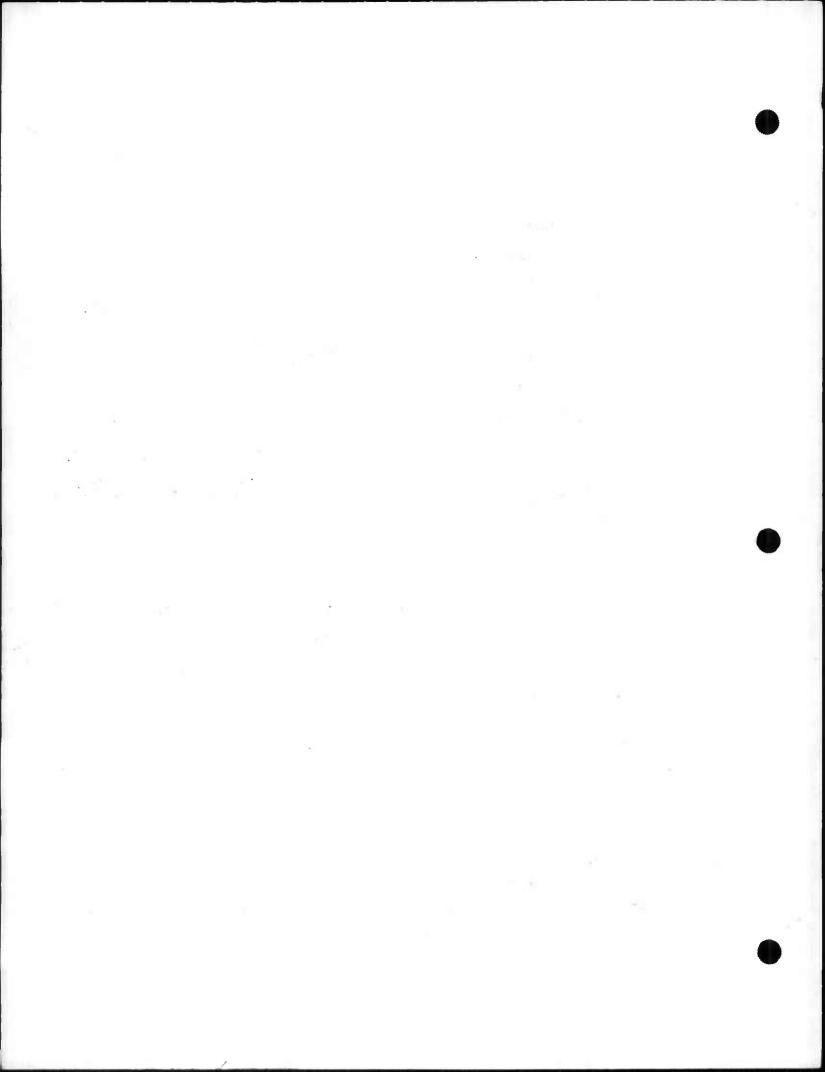
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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1	1. DECEDENT'S NAME (First, Middle, Last)	KENNETH B	. MAR	TY		2. DATE OF DEATH MONTH 01-09	AY YEAR	3. TIME OF DEATH 7:00 P.
		5. SEX 6. AGE (In)	9 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 07-25-	a. BIR Cou	THPLACE (State or Foreign ntry) ISSOURI
_	9e. FACILITY NAME (If not institution, give atre			9b. CITY, TOW	OR LOCATION OF DI		9c. COUNTY OF	
ECTOR	7525 BELLONA	AVENUE		RI	JXTON		BAL	TIMORE
E		TIMORE	10c. CITY		JXTON			10d. INSIDE CITY LIMITS? 1 YES XX NO
FUNERAL	7525 BELLONA	AVENUE			21204		U.:	S.A.
BY	1 Never Married XX Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES THE YES, GIVE WAR OR DATE	XNO	If yes,	ECENDENT OF HISPAR specify Cuban, Mexica ESXX NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.) y:	Bia Soc	CE — American Indian, lek, Whita, atc. WHITE
COMPLETED		TION 18 Topicited) 18 YEAR	Give kind of w iffe. Do NOT us TRUST	vork done during i e retired.)	most of working		SINESS/INDUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) AUGUSTUS PEAR	CE MARTY			18. MOTHER'S NA	ME (First, Middle, Meiden SIE BOU'		
TO	BEATRICE H.MART	Y (WIFE)				Route Number, City or Tow		, 21204
	20e. METHOD OF DISPOSITION 1	al from State cemete	ACE AND DATE OF OR OF OR OF OR	her plece)	Neme of REMATORY	1	CATION — City or	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE	3314 110	22. NAME	AND ADDRESS OF FA	W. JENKI	NS &	SONS ,MD.21212
RTIFICATION	23. PART I. Enter the diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF): 275mor,): Acc_2;	WITY E RE	Small Stom	CATTAS. 93	Approximate interval Between Onset and Death 3 Janus 37 Gazes 37 Gazes 4 Gazes
EDICAL CER	PART II. Other algorificent conditions of SCV	contributing to deeth but				Part I. 24a. WAS AN PERFOR	RMEO?	Ib. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
Σ	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF I				N D		1 - YES 2 NO
SICIAN:		1OSPITAL: Inpetient 2 ER/Outpetle	PLACE OF DEAT	OTHER:	one XX Rasidenca	8 Other (Specify)		
ву Рну	27. MANNER OF DEATH XX Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TiME INJU	OF 28c. II	NJURY AT YORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED	
<u>a</u>	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, st	treet, factory, of	lce	281. LOCATION (Street (City or Town, State)	and Number or Rural	Route Number,
OMPLET		AN: To the best of my knowledg On the basis of examination an						(s) and manner as stated.
то ве	29b. SIGNATURE AND TITLE OF CERTIFIER		>> <		29c. LICENSE NUM			D (Month, Day, Year) LO-95
		OVAN M.D.,6	565 N		ES STRE	ET, TOWSO	N, MD.	21204
	JAN I I 1995	32. REGISTRAR'S SUNATU	II,					

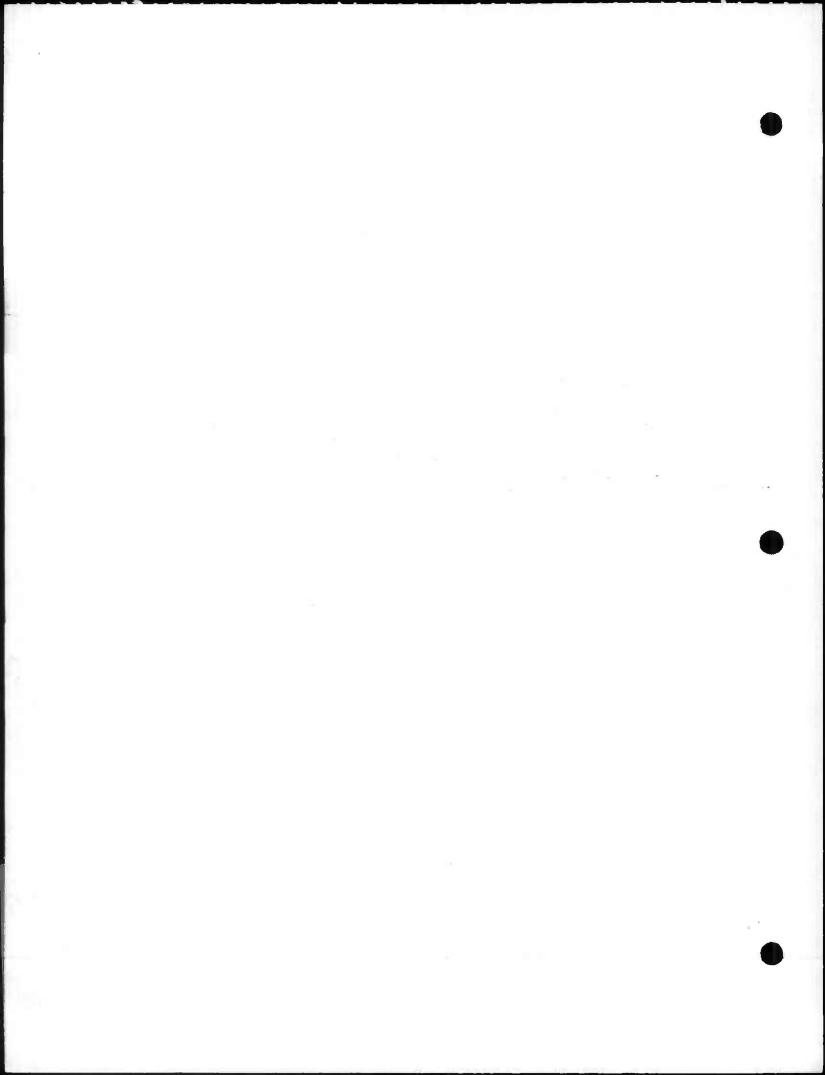


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BALTIMORE, MARYLAND 21215-0020 ifter death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit proval.	TO RE COMPLETED BY ELINEDAL DIDECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HILP FOR A STENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HILP FOR THE CORDS. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be like the manual to the modical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TE ISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME		
ISTRAH	CERTIFICATE OF DEATH	REG. NO.	

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Li	FRANCIS		RRIKEN		2. DATE OF DEATH	95 YEA	3. TIME OF DEATN	
	4. SOCIAL SECURITY NUMBER 217-03-9405	1 3 M 2 F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH B _(Month, Deg Year)	a. Bii Co M.	RTHPLACE (State or Foreign unity) ARYLAND	
TOR	98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 91. COUNTY OF DEATH 91. COUNTY OF DEATH 92. COUNTY OF DEATH 93. COUNTY OF DEATH								
DIRECTOR	MARYLAND 10b. COU	UNTY		ALTIMO				10d. INSIDE CITY VIMITS? TO YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1632 MALVERN	STREET		101.	21224		10g. CITIZEN O	PF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OR D. ARMY AIR	2 NO		cify Cuban, Maxica	IIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	В	ACE — American Indian, lack, White, etc.	
PLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 10 YEARS	EDUCATION rade completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use of LINE WO	k done during mos etired.)	st of working	GENERAL			
BE COMPLET	17. FATHER'S NAME (First, Middle, Last) JOSEPH MERRI					ME (First, Middle, Malden S LOREK	Surname)		
10 8	190. INFORMANT'S NAME (Type/Print) MRS. AGNES ME	ERRIKEN				ALTO MD 2	. State, Zip Code) 21224		
	20a. METHOD OF DISPOSITION 1XX aurist 2 Cremation 3 R 4 Donation 5 Other (Specify)	temoval from State	PLACE AND DATE OF I				CATION — City or CO.		
	21) SIGNATURE OF FUNERAL SERVICE	A-2U Mali	i			FUNERAL H K AVE. BA		MD. 21222	
	23. PART I. Enter the disease, shock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Myoc	ach iina.			h aa cardiac or reapin		Approximate interval Between Onset and Death	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST								
AL C	PART ii. Other significant condit	tions contributing to death b	ut not resulting in	the underlying	cause given in	Part I. 24s. WAS AN A		24b. WERE AUTOPSY FINDINGS	
HTSICIAN: MEDICA	Hypertension Wialeles Mallitai 1 YES 2000 OFE						AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO		
AN	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL		F DEATH YES		UNCERTAIN	1 🗆			
200	1 YES NO	HOSPITAL:	O	THER:	5 🗆 Raaldenca	6 Other (Specify)			
12 PH	27. MANNER OF DEATN Natural 5 Pending Accident Investigate		28b. TIME O	M 1 Y	IRY AT RK? ES 2 NO	26d. DESCRIBE NOW IN	- 0-		
LE IEU	3 Suicide 6 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stefe)								
L COMPL	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
2 2	THE MANUE AND TITLE OF CENTS TO HAME AND ADDRESS OF PERSON	Lo	THE STEER IN COORS OF		0160	oro C	Dad. DATE SIGN	ED (Monty, Day, West)	
	31. DATE FILED (Month, Dec. Worl)	33. REGISTRAR'S SIGN							
	JAN 1 1 1995	Julia Atender Revo							
			The same					ONMH-16 Rev 1/89	



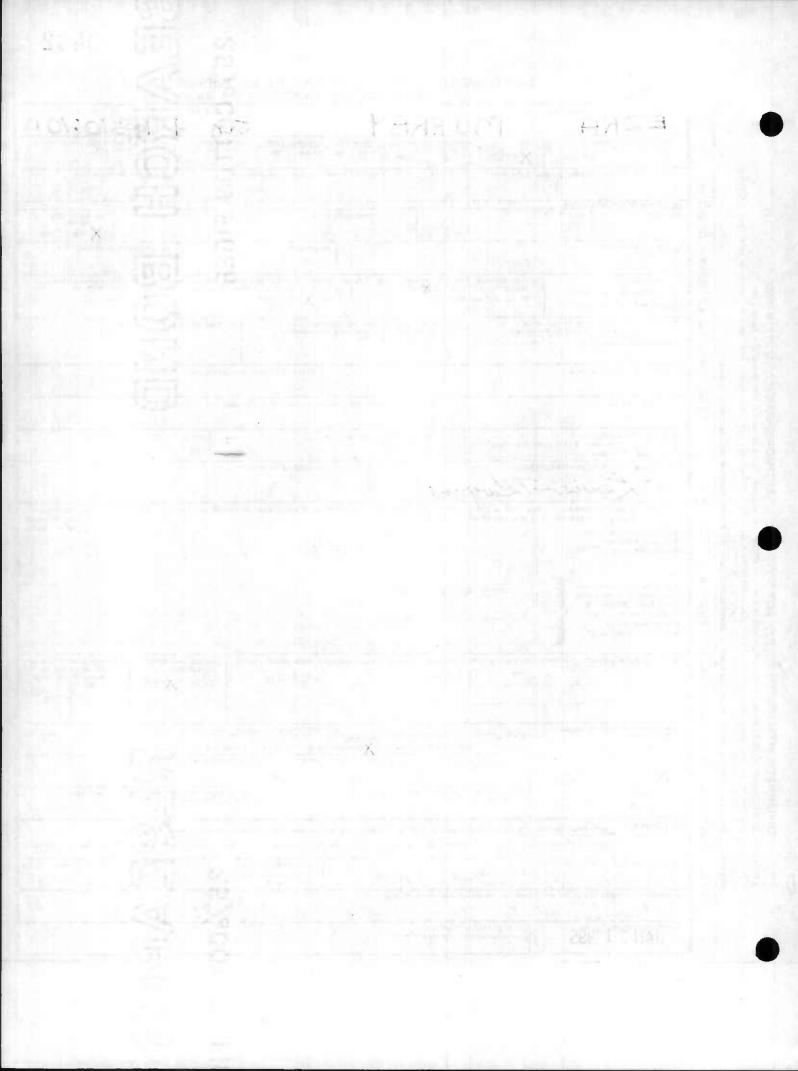
BALTIMORE, MARYLAND 21215-0020 has the death entificate be executed within 2 fronts after death. Pare 6 may be retained by the breatest or attending publicity.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	be filed within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
O THE HOSPITAL OR ATTENI	THE FUNERAL DIRECTOR:	e filed within 72 hours after	MPORTANT: If item 28 is

1, 2, 3 should

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) EZRA MU	RRAY		2. DATE OF DEATH	1995 10:10 Pu					
	242 16 4312A ¹XM2□F		UNDER 1 YEAR IF UNDER 24 HRS. ITHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APR 15 19	a. BIRTHPLACE (State or Foreign Country) 12 North Carolina					
TOR	90. FACILITY NAME (If not institution, give street and number) VILLA OF ST. MICHAEL NURSING CENT. BALTIMORE RESIDENCE OF DECEMENT									
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND		IMORE	LIMITES						
FUNERAL	501 DOLPHIN STREET		101. ZIP CODE 21217	Pin Ly	U.S. OF A.					
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVE FORCES? 1 Y FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerio Rican, etc.) 1 YES 2 NO Specify: Specify: Specify:							
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College 1-4 or 5 +)	(Ghm kind of work	Sa. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refined.)							
COMPLETED	N/A 17. FATHER'S NAME (First, Middle, Last) TOP A NIV. MILID D. A.Y.	PULLMAN	N PORTER RATI, ROAD 18. MOTHER'S NAME (First, Middle, Meiden Surname)							
TO BE	FRANK MURRAY 190. INFORMANT'S NAME (TYPOSPTINI) MR. RICHARD LEE		PRESS (Street and Number or Rural							
	29- METHOD OF DISPOSITION 1 B Burial 2 Cremelton 3 Removal from State	20b. PLACE AND DATE OF D		95 20c. LOCA	, MD . 21218 ITION — City or Town, State					
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE LERW]		22. NAME AND ADDRESS OF F		CO.,MD. 21227 AL HOME 21215					
- 8	23 PART I Enter the diseases or complications that can		4517 PARK H	EIGHTS AVE	E. BALTO., MD.					
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or As A Consequence of):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO IDR AS A CONSEQUENCE OF): DUE TO IDR AS A CONSEQUENCE OF):									
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS									
: MEDICAL		Bucco	Related	PERFORM 1 TYES 2	ED? AMAILABLE PRIOR TO					
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE DF DEATH (C	heck only one)						
PHYSICIAN:	1 YES 2 NO 1 Inpettent 2 ERA 27. MANNER DF DEATH 1 Netural 5 Pending 28s. DATE OF INJU (Month., Dey. 16	Dulpatient 3 DOA 4	Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO	8 Other (Specify) 28d, DESCRIBE HOW INJ	URY OCCURED					
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJ building, stc. (URY — At home, farm, stree Specify)		d Number or Rural Route Number,						
COMPLE	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
TO BE C	296. SIGNAZORE AND TITLE OF CERTIFIER	- mD	29c. LICENSE NO	MBER :	29d. DATE SIGNED (Month, Day, Year) Day 10 189					
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	20 Ps	The Ideigh	nts 212	208					
	JAN 1 1 1995	HIGHATURE								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

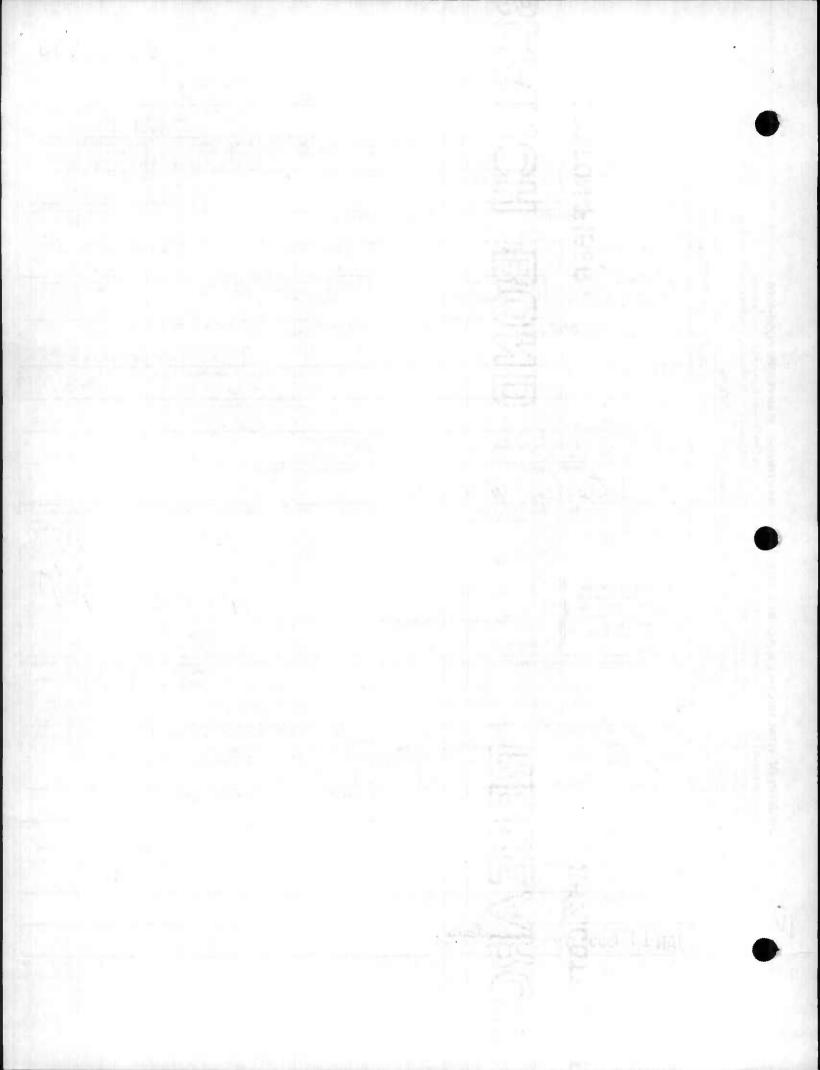
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last) Walton	Α.	M	lay		2. DATE OF DEATH DAY Jan 7, 1995 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 215-05-0163	5. SEX 6. AGE	(In yrs. last birthday) _ 86 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTTH (Month, Day, Year) Feb 27,	8. B	IRTHPLACE (State or Foreign ountry) Virginia		
-	Se. FACILITY NAME (If not institution, give a	treet and number)		96. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY OF DEATH			
DIRECTOR	3629 Marriott Lane Baltimore Baltimore									
JEC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?									
		Baltimore		Balt	imore		1 VES 2 NO			
FUNERAL	10e. STREET AND NUMBER	T-3571		101	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
NEI	3629 Marriott	Lane	MILLO ADMICO		21244			S.A.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes, sp	ecify Cuben, Mexica 2 ANO Specify	IIC ORIGIN? (Specify Yenn, Puerto Rican, etc.)	RIGIN? (Specify Yes or No— 14. RACE — American Indian, Black, White, etc. Specify: White			
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S I	USUAL OCCUPATION done during monotoried.)	ON st of working	16b. KIND OF BU	SINESS/INDUSTI	77		
回	Elementary/Secondary (0-12)	College (1-4 or 5+)			or or tronting	61 1		. = 11		
COMPLETED	17, FATHER'S NAME (First, Middle, Lest)	4 Years	Sale	sman	40 MOTHERIC NA	ME (First, Middle, Meiden		ctrell & Co		
		Thomas Ma	v			and the state of t	kerson			
BE (19e. INFORMANT'S NAME (Type/Print)	Inomes Inc	-	ADDRESS (Street a		Route Number, City or Tow)		
일	Miss. Patricia M.	May					21244			
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Rem	ovel from State	b. PLACE AND DATE O	FDISPOSITION (Na	me of	DATE 20c. LO	CATION City	or Town, State		
	4 Donation 6 Other (Specify)	L	oudon Par				ltimore	e, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	a M Le	nkins	Lorin		ouw Funeral Di Road Rand				
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
N	Sequentially list conditions,	b				(om	5	7 449		
ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):		ATCT	TOTA BR			
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in dasth) LAST	DUE TO (OR AS	AS A CONSEQUENCE OF):							
	DARWELL CONTRACTOR AND THE MANAGEMENT AND THE MANAGEMENT AND THE PARTY OF THE PARTY	d								
EDICAL	PART il. Other algnificant condition	a contributing to death	but not resulting in	n the underlying	g cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE		
						1 YES 2	2 [] NO	OF DEATH?		
Z :						-		1 Nes 2 No		
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	ock only one)				
PHYSICIAN:	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER: 4 - Nursing Hom	e 5 🗆 Residence	6 Other (Specify)				
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WO	URY AT RK? /ES 2 NO	28d. DESCRIBE HOW	EȘCRIBE HOW INJURY OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, si scify)	dreet, factory, office 28f. LOCATION (St City or Town, S			eet end Number or Rural Route Number, tate)			
COMPLETED		ICIAN: To the best of my know						se(s) and manner as stated.		
TO BE	296. BIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Myster, Dec. 1967)									
	36. HAME AND ADDRESS OF PERSON WH	DIMEN N	EATH (ITEM 27) Type)	DAR.	M					
	JAN I I 1995 July	A STRUBING SEC	WHE							



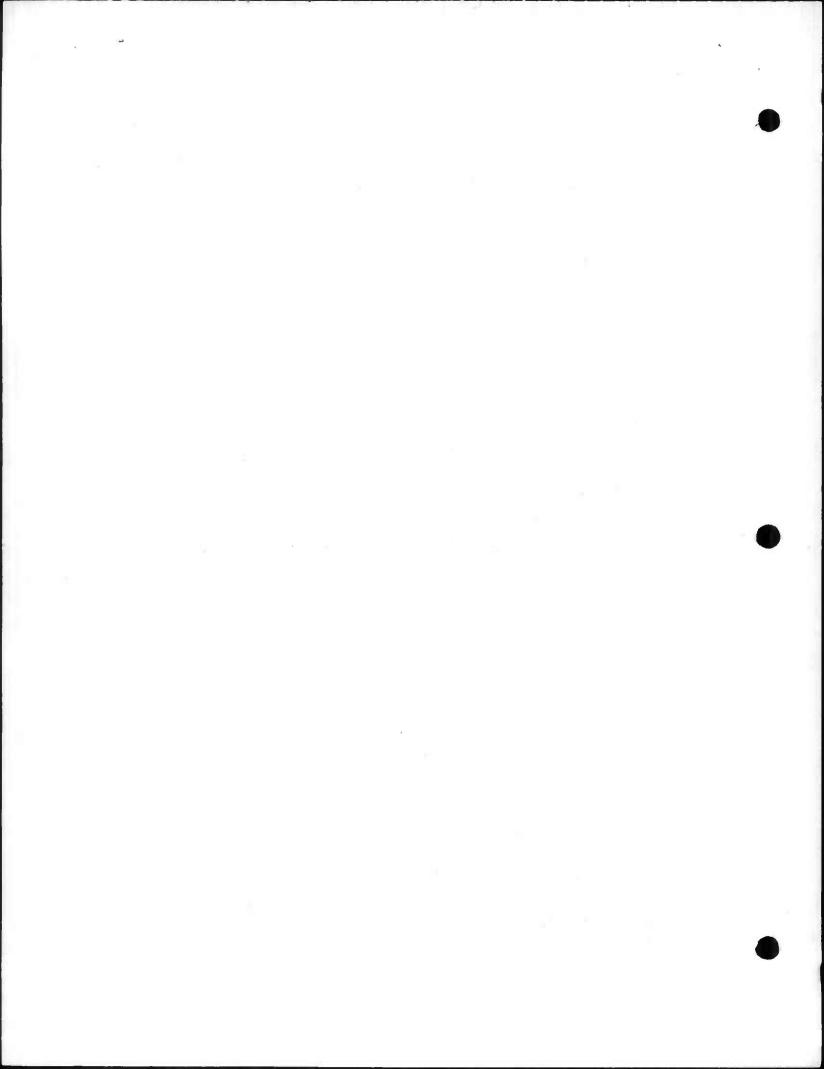
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a formula feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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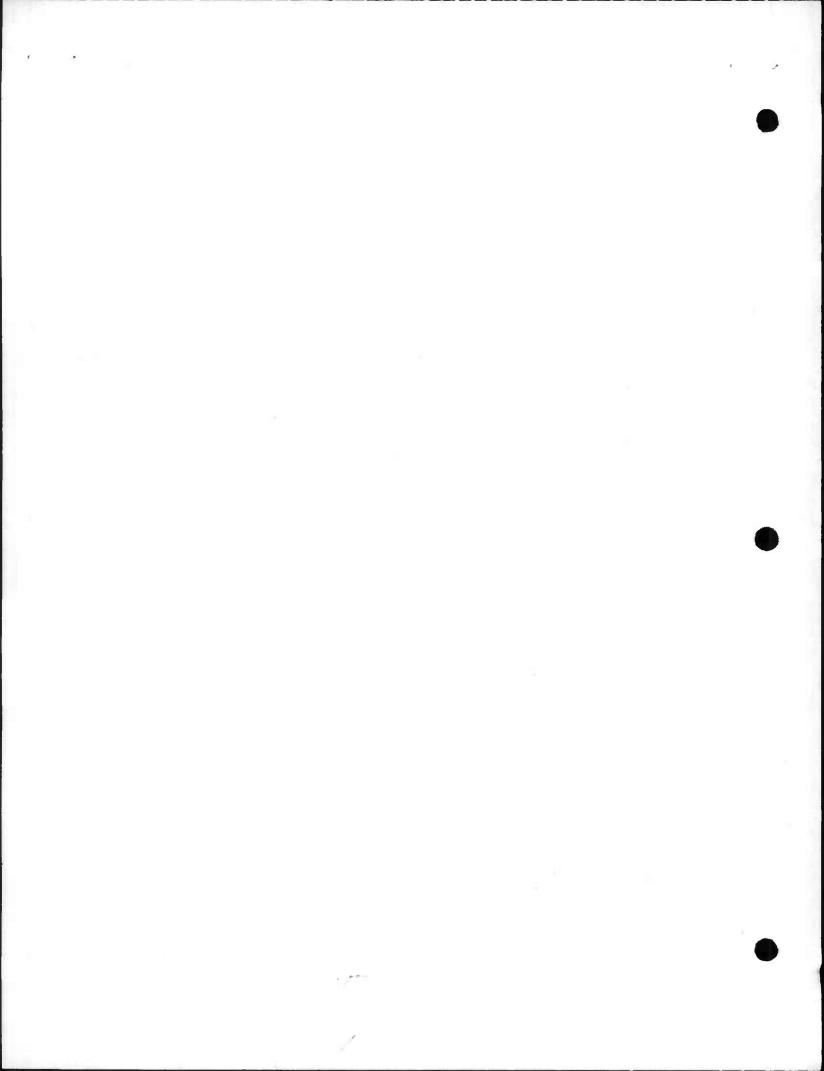
						TOATT	_ 01	DEA	111		IEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) DAVID MAGEE 2. DATE OF DEATH MONTH DAY YEAR JANUARY 7 1995 20:19														
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last				birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.			7, DATE OF BIRTH				S. BIRTHPLACE (State or Foreign		
	212-48-9014 1 □XM 2 □ F 47					MONTHS						Countr			
	9a. FACILITY NAME (If not institution, give street end number)					9b. CITY	b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY O						ryland EATH		
e o	THE JOHNS HOPKINS HOSPITAL					BALTIMORE CITY Bolton					1+in	nore City			
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY														
E						LIMITS						10d. INSIDE CITY LIMITS?			
	Maryland Carroll 100. STREET AND NUMBER					Finksburg						1 VES 2 K NO			
FUNERAL DIRECTOR						10f. ZIP CODE 21048						10g. CITIZEN OF WHAT COUNTRY?			
¥	2402 Alpine Court 11. MARNITAL STATUS 12. WAS DECEDENT EYER IN U.S. AR										(Specify Yee or No. 14. RACE — American Indian.				
1 Never Married 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc. FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc. 1 YES 2 NO Specify:								n, atc.)	Black, White, etc.						
ВУ	3 Widowed 4 Divo	rced		- 11 011 011 120			1 123	2 (2) 110	specify				Speci	White	
	15. DEC (Specify only	EDENT'S EDUCA y highest grade o	ATION completed)	(G/	CEDENT'S	work done	CCUPATIO	ON sl of working	20	16b. KIN	D OF BUS	INESS/IND	USTRY		
۳	Elementary/Secondary (6		College (1-4 or 5	+) life.	Do NOT us	se retired.)	_								
COMPLETED	12 Years				Super	viso	r				A A				
			7					18. MOTI		ME (First, Middl		-	_		
B	Carl 190. INFORMANT'S NAME (1)		J.	Magee	MAILING	ADDRES	P /Otmat a	and Atumbas		lsa Route Number, C		L.	Bey	er	
2	Mrs. Yvon		700							nksbur					
	20a. METHOD OF DISPOSIT	ION							· FI	DATE			- City or Town, Siste		
20e. METHOD OF DISPOSITION DATE 20e. LOCATION - City or T								lsto	wn MD						
22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc.															
	· Jan		00	oven	9	8	728	Libe	rty 1	Road	Rand	allst	town	Inc. MD 21133	
	23. PART Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Between														
	IMMEDIATE CAUSE (Final														
	disease of condition resulting in deeth)	→	a. Intracerebral hemorrhage 14H								144				
_			DUE TO	OR AS A CONSEC	UENCE OF	7): a 10 /		1		0				24 days	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF):														
S	cause. Enter UNDERLY!	NG													
E	thet initieted evente resulting in deeth) LAS	*	DUE TO	(OR AS A CONSEC	UENCE OF	7:									
HH	resulting in deeth) LAS	d.													
	PART II. Other algnifice	nt conditiona	contributing to	death but not re	eulting	n the ur	nderlying	ceuse	lven in i	Pert I. 24a	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
MEDICAL	cirrhosis			splant		put					PERFOR	1		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
밀	Syndron									_ ''	TES 2	NO		OF DEATH?	
	DID TOBACCO U		IBUTE TO CA	USE OF DEAT	TH YE	s 🗆 ı	NO 17	UNC	ERTAIN	<u>-</u>				1 - YES 2, - NO	
Ž I	25. WAS CASE REFERRED TO	O MEDICAL			E OF DEAT			0110	Livin				1		
Sign	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Nun		o 5 □ Re	sidence	8 Other (Sp	ecify)				
PHYSICIAN:	27. MANNER OF DEATH	79.5	26e. DATE OF (Month, D		28b. TIM	E OF URY	28c. INJ	URY AT		28d. DESCRIE	BE HOW IN	JURY OCC	CURED		
_ ₩		Pending Investigation	1,000		1.35.55	М		'ES 2 [NO						
		Could not be	26e. PLACE O building,	F INJURY — Al hor etc. (Specify)	ne, Jerm, a	street, fect	ory, office			281. LOCATIO City or To	N (Street e	nd Number	or Rural R	loute Number,	
Ē,	- 111000														
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the beste of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated.															
8			On the besie of e	xemination end/or in	rveatigatio	n, in my o	pinion, d	eath occur	ed at the	time, date end	place, end	due to th	e ceuse(s) end menner ee stated.	
B	29b. SIGNATURE AND TITLE		h.H	No					NSE NUM	BER		29d. OAT	SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF	1000	BUTEL CALL		1070 77	Delegi]	1117	L05				1-1	1195	
			ETTE				45 t	hpki	NS	HOSPIT	TAL.	BAL	T. 1	10	
	31. DATE FILES (Manth John		A Page Store				_				,				
	JAN II 195	12 Jun	7												



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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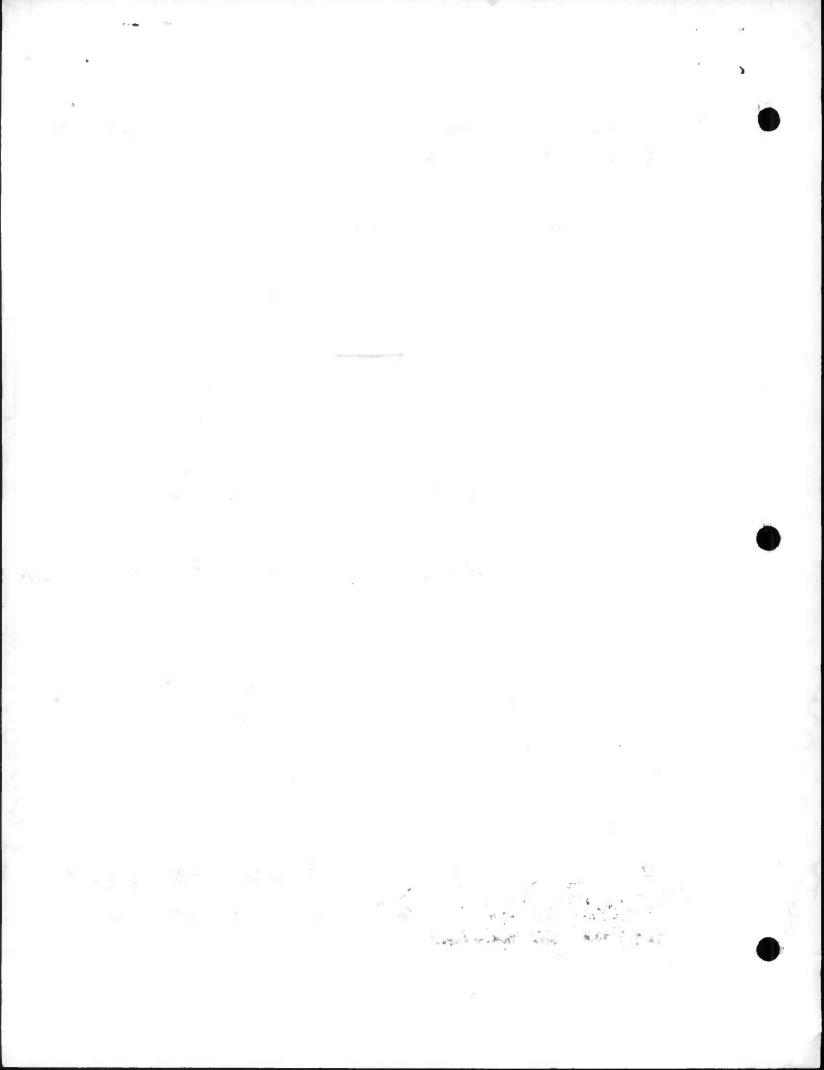
	3	1. DECEDENT'S NAME (First, Middle, Last) Andrew G	. Nic	Kol	Sr			2. DATE OF DEATH MONTH		FAR	TIME OF DEATN 2:30 AM	
		4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. I		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	8.1	BIRTNPL/	ACE (State or Foreign	
3 should		213-10-2966		81	YRS. MONT	HS DAYS	HOURS MIN.	Aug. 1,]		Country) aryl	and	
	~	9e. FACILITY NAME (if not institution, give s			96. (CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEAT	N	
1, 2, 3	СТОВ	Mercy Medical Ce	nter		Ba	1tim	ore		N/A			
21215-0020 I or attending physician. for use as the burial-transit permit. Pages	BY FUNERAL DIRE	Maryland N/A	Υ		Balti		ATION				d. INSIDE CITY LIMITS? X YES 2 NO	
		3508 Richmond Av	21213									
		11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	VER IN U.S. A YES 2 OR DATES	2 NO If yes, specify Cuban, Mexicen, Puerto Rican, etc.) Black, Whi Specify: Specify:						American Indian, hite, etc.		
or atter	TED	15. DECEDENT'S EDU (Specify only highest grade	(ECEDENT'S USUA Give kind of work do fe. Do NOT use retire	one durina m	ION lost of working	166. KIND OF BU	ISINESS/INDUST	RY			
o spir	COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)		countant			Balti	imore T	rans	it	
ज देव	ш	17. FATNER'S NAME (First, Middle, Last) George Nickol					18. MOTHER'S NA Mary H		ME (First, Middle, Maiden Sumeme)			
MARYL retained by 11 5 should be a	TO B	19e. INFORMANT'S NAME (Type/Print)	7 (7)	1				Route Number, City or Tox				
		Andrew G. Nickol	Jr. (Son)					#802, Balt			21224	
ALTIMORE, death. Page 6 may be funeral director, page	ı	1 & Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	20g. METHOD OF DISPOSITION 1 A Burlel 2 Crametion 3 Removal from State 4 Donetion 5 Other (Specify)					1	ocation — city ltimore			
BALTIMOR of death. Page 6 ma the funeral director, p val.		21. SIONATURE OF FUNERAL SERVICE LIC	CENSEE			22. NAME A	NO ADDRESS OF FA	CILITY		, IIc	iryrand	
~ - 2		Eugene	. Last	new	h			neral Home Lane, Balt		Md.	21213	
2 A C 2		23. PART I. Enter the diseases or shock, or heart failure.	complications that co	on each iin	leath. Do not en	iter the me	ode of dying, auc	h as cardiac or resp	iretory arrest,		Approximata	
filled in to on, or rer		IMMEDIATE CAUSE (Final disease or condition			0						Onset and Death	
ted within completely ial, cremati event, t	ŀ	reaulting in death)	a. /Sche		BOWE						3 days	
executed withing and completel or burial, crema matic event,	z		· VASCU		Tissase						3 days SyEArs	
K c - 5	5	Sequentially list conditions, if any, leading to immediate			EOUENCE OF):						298413	
certificate be ding physicia tyglene prior	S	CAUSE (Disease or injury	cDUE TO (OR	AS A CONSE	EOUENCE OF):							
그 등 등 등 이	CERTIFICATION	that initiated events resulting in death) LAST	d									
3 4 5 E		PART II. Other significant condition	s contributing to de	ath but not	resulting in the	underlyin	ng cause given in				RE AUTOPSY FINDINGS	
S a d a E	EDICAL	CANCER - Prostate, 6/adder, /ARYNGEA) PERFORMED? 1 YES 2 18'NO								AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?		
requires of Heal	Σ				, <u>U</u>						YES 2 NO	
law bept.	AN	DID TOBACCO USE CONT	RIBUTE TO CAUS		ATH YES L			N 🗹				
Certificate has the State Dept.	SICIAN:	EXAMINER?	HOSPITAL:		OTH	IER:	ne 5 🗆 Residence	8 Other (Specify)				
F si si si si si si si si si si si si si	F	27. MANNER OF DEATN 1 Netural 5 Pending	28e. DATE OF INJ (Month, Day, 1	URY	28b. TIME OF INJURY	28c. IN.	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	:D		
DR ATTENDING DIRECTOR: After hours after death tem 28 is mai	D BY	2 Accident Investigation 3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, ferm, etreet, factory, office building, stc. (Specify)							and Number or A	lural Route	Number,	
R ATTEN RECTOR: Jrs after m 28 i	E	4 Nomicide determined	1.00(1)					City or Town, State	,			
JAN 124	COMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the beet of my R: On the beels of exam							use(e) an	d manner ee stated.	
TO THE HOSP! TO THE FUNEF be filed within	BE C	296. SIGNATURE AND TITLE OF CERTIFIE	29c. LICENSE NU			NUMBER 29d. DATE SIGNE			onth, Day, Year)			
TO THE De filed IMPOR	TO B	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)										
		Scatt La Bornit	301 ST. Pa	Ul PI	Batto,	MO -	21202					
3		JAN 11 1995	,32. REGISTRAR'S	ANATORE								
_											DHMH-18 Rev 1/89	



DIVISION OF VITAL RECORDS, P.O. BOX 68760.

Pages 1, 2, 3 should permit. burial-transit Page 6 may be retained by the hospital or attending physician ystician and completely filled in by the funeral director, page 5 should be detached for use as the prior to burlal, cremation, or removal. notified at once. pe must examiner hours after death. medicai the requires that the death certificate be executed within other traumatic event, signed by the attending physician Health and Mental Hygiene prior to 0 injury, shows any this certificate has been a with the State Dept. of HOSPITAL OR ATTENDING PHYSICIAN: The law 23 Item 0 marked, death v 69 DIRECTOR: 28 Item FUNERAL I TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 4. SOCIAL SECURIT CHUMBER 8:20 NONEMA Jan 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS 1 🗌 M 2 🗶 YRS. April 20,1910 Maryland 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Sinai Hospital Baltimore DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Pikesville Baltimore Maryland 1 YES 27 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21208 7 Sudbrook Lane UNited States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuben, Maxican, Puerlo Ri IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: BY Specify: 3 🕅 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16h, KIND OF BUSINESS/INDUSTRY during most of working (Give kind of work done life. Do NOT use retired.) Housewife Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade ·Houswife own home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Walter C. Wright May B. Anderson BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 9 Priscilla Streckfus 3116 St. Lukes Lane Baltimore, MD 21207 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 1 St Burlai 2 Cremation 3 Ramoval from State Cometery, cramatory or other place! Loudon Park Cemetery Donation 6 Other (Specify) 1/10 Baltimore, MD NERAL SERVICE LICENSES 21. SIGNATURE OF 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 23. PART A Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory erreat, Approximate lock, or heart failure. List only one cause on each interval Between IMMEDIATE CAUSE (Finel Onset and Deeth disease or condition resulting in death) phration days CONSEQUENCE OF): DUE TO (OR AS A ocarcinoma of CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in death) LAST 4 5 0 PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 TYES 2 XNO DF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES NO UNCERTAIN X 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 Inpatient 2 ER/Outpatient OTHER: 1 TYES 2 NO DOA 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending M 1 YES 2 NO ВУ Investigation Accident 26s. PLACE OF INJURY — At home, farm, streat, factory, office building, atc. (Specify) 3 Suicida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITUE OF CERTIFIER 29d. DATE SIGNED (Mogth, Day, Year) BE 95 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MMI REGISTRAR'S



REG. NO

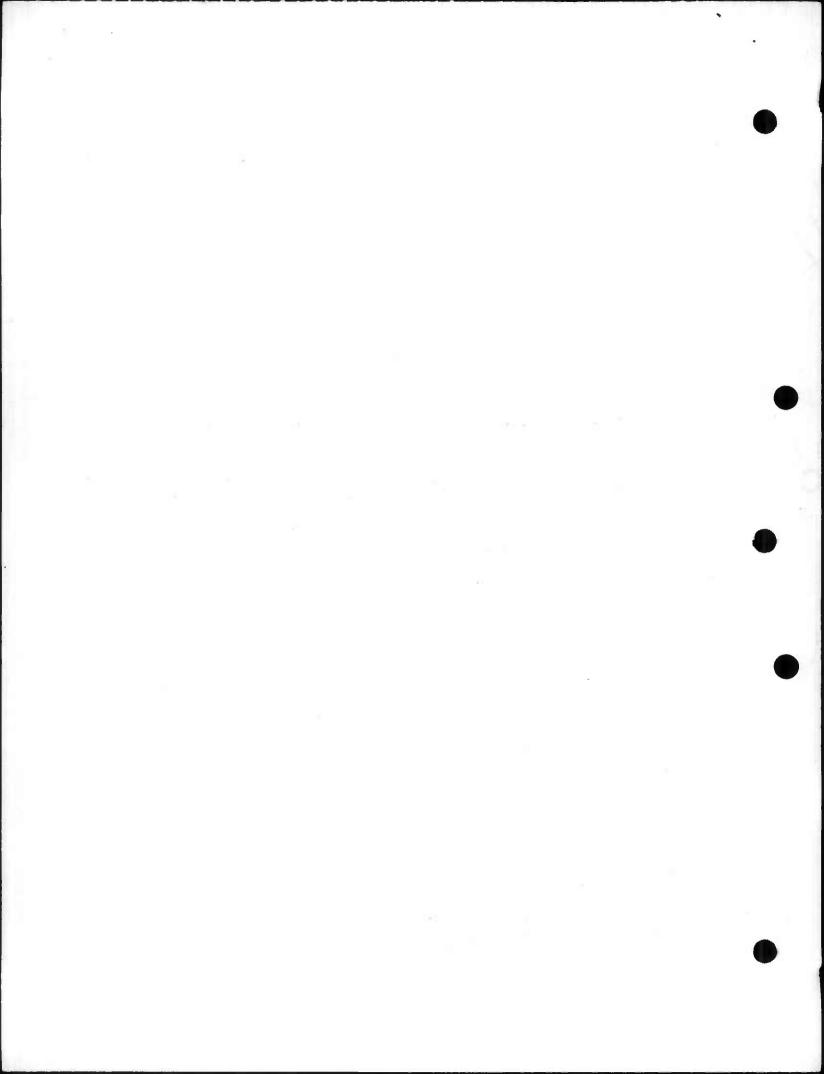
MARYLAND 21215-0020 BALTIMORE,

FOR STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH YEAR OURSLER 1630 AURENCE 0 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 86 1 X M 2 □ F 217-14-1801 July 18, 1908 Maryland Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Northwest Hospital Center Randallstown Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll Hampstead 1 YES 2 K NO permit. 10s. STREET AND NUMBER FUNERAL 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 1211 Wynside Lane 21074 U.S.A. the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 - YES 2 X NO Specify: Specify: BY 3 Widowed 4 Divorced White ETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL 12th Bank Manager Union Trust 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) je. retained by Lawrence Oursler E11a BE Ruth Kell_v notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Mr. L. Gerald 1211 Wynside Lane Hampstead, MD Oursler Page 6 may be pe 20s. METHOD OF DISPOSITION
1 St Burlai 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must Wards Chapel Cemetery 1/11 Randallstown, Maryland 21, SIGNATURE OF PONERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY death. Loring Byers Funeral Directors, Inc. len entiling filled in by the fution, or removal. 8728 Liberty Road Randallstown, MD 21133 within 24 hours after medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heert fallure. List pnly one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the cremation. disease or condition_ 13 days PLEATION completely resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) executed and com o burial, OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, 2 If any, leading to immediate attending physician ntal Hygiene prior to 2 cause. Enter UNDERLYING CAUSE (Disease or Injury the death certificate other t DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 0 by the atter injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? erebrar Ascular shows any Discar of Health a 1 TES 2'5 NO 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X UNCERTAIN PHYSICIAN: Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL ATTENDING PHYSICIAN: The 26. PLACE OF OEATH (Check only one) Item State HOSPITAL : OTHER: 1 TES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 the 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED marked, with this 1 Natural 2 Accident 5 Pending 1 YES 2 NO After the BY Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office bullding, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 89 ETED 8 Could not be hours after item 28 is DIRECTOR 4 Homicide determined COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL TO THE FUNERAL DE BE filed within 72 h (Check only one) HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 196. SIGNATURE AND TITLE OF CENTIFIED # 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) MO 46. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) the care 31. DATE FILED (Month, Day, Year 32. REGISTRAR'S SIGNATURE 1995

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



BALTIMORE, MARYLAND 21215-0020 O. BOX 68760, DIVISION OF VITAL REGO

xurs after death. Page 6 may be retained by the hospital or attending physician,

broad to burial transferely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for the burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The manner of the properties of the properti

	Item2 1-11-95 Film	G719 W.H.Per F	/н			95 00488
	1 - STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.	
	000 00 7000	5. SEX 6. AGE (In yrs. Is	Path sal birthday) IF UNDE YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	2. DATE OF DEATH 8 , MONTH 8 , MONTH 9 , MONTH 1 , MONTH	8. BIRTHPLACE (State or Foreign Country) Country OF DEATH
IAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10a. STREET AND NUMBER	Medical Ci	10c. CITY, TOWN	thrapoli or Location a 1+0		10d. INSIDE CITY LIMITS? 1 YES 2 □ NO 10g. CITIZEN OF WHAT COUNTRY?
ED BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, specify Cuben, Maxic 1 YES 2 NO Speci		Specify: 13 at
COMPLETED	84	impleted) ((Give kind of work done a Do NOT use retired.)	during most of working	Balto	City Scha
TO BE CO	17. MATHER'S NAME (First, Middle, Lest)	James :	96. MAILING ADDRES	S (Street and Number or Rural	AME (First, Middle, Maiden Sur GIR LUV Poute Number, City of Town, 1	nmine
	20e, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removi	el from Stata 200 PLACE	AND DATE OF DISPO	Memmal	1K /12/45	TION — City or Town, State
	21. SIGNATURE OF PUNERAL SERVICE LICEN	ron	n	1 a ch f	H-West	Ave
CERTIFICATION	23. PART I. Enter the diseases, or conschock, or heart failure. List immediate cause. Enter Undertying in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	Shoc EQUENCE OF): Obstruction	the mode of dying, su K.	ch aa cerdiac or reapirat	lory arrest, Approximate Interval Between Onset and Daath
PHYSICIAN: MEDICAL C	Renal Failu		resulting in the u	nderlying cause given in	Pert I. 24e. WAS AN AU PERFORME	ED? AMAILABLE PRIOR TO
YSICIAI	1 TYES 2 NO	HOSPITAL: Dispetient 2 ER/Outpetient	3 DOA 4 Nu	28. PLACE OF DEATH (C R; reing Home 5 - Rasidence		
ВУ	27. MANNER OF DEATH 1 Netural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be detarmined	28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY — At h- building, atc. (Specify)	26b. TIME OF INJURY M ome, farm, street, fec	28c, INJURY AT WORK? 1 YES 2 NO	284. DESCRIBE HOW INJU 281. LOCATION (Street and City or Town, State)	UNY OCCUREO Number or Rural Route Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowledge, d On the basis of axamination and/or				r as stated. Sue to the cause(s) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Vaint		29c. LICENSE NU	IMBER 2	9d. DATE BIGHED (Winh, Day, Year)

who completed cause of Death (ITEM 27) (Type, Print)
in 600 Ridgely Ave. 7
32. REGISTRAR'S SIGNATURE
35 Jahr Stavelar Randall

JO. NAME AND ADDRESS OF PER Ira M Weins Ira M Weins
31. DATE FILED (Month, Day, Year)

1995

DHMH-16 Rev 1/89

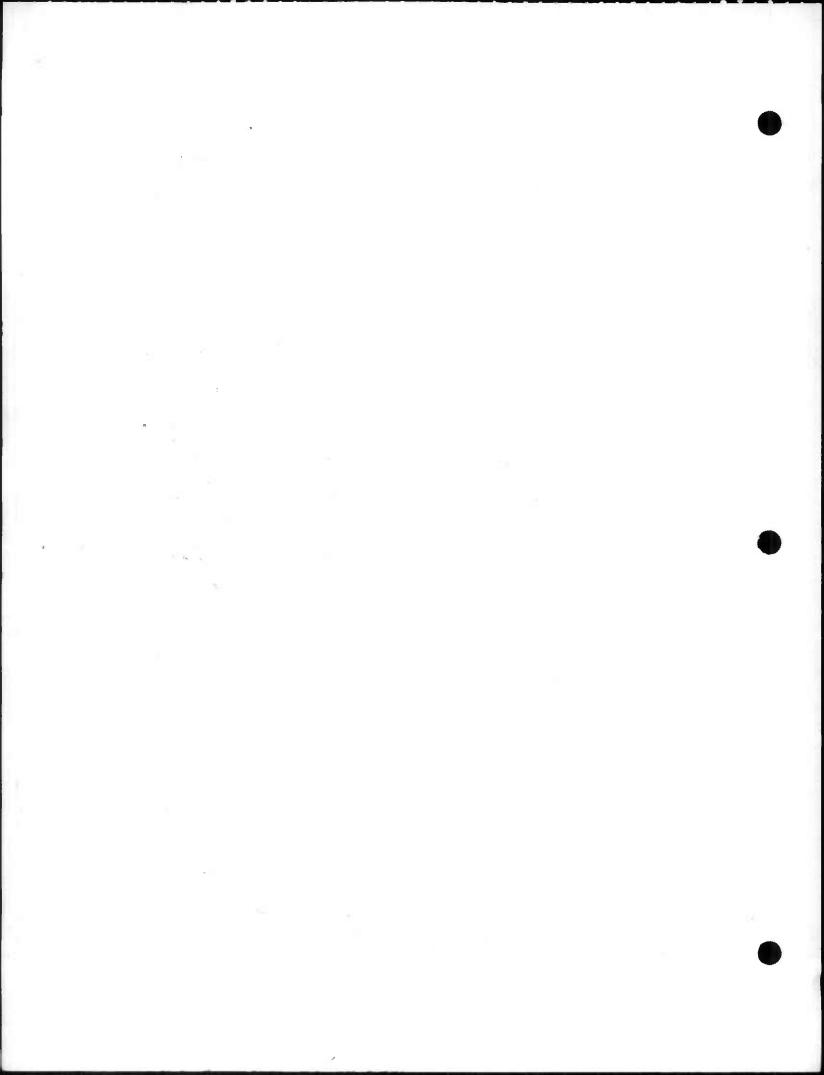
370 acha la end stars

ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TOH After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once, 1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAN		QL.	-1/111111	CATE	JI ULA	VI II	H	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Charles	Lewis			PORT	ER		2. DATE OF MONTH Januar		, 19	95ear	9:45 am M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER 1 YE	AR IF UND	ER 24 HRS.	7. DATE OF E			8. BIRTHE	PLACE (State or Foreign
	212-05-8526-A	1 X M 2 - F	79	YRS.	MONTHS DA	YS HOURS	MIN.	Jan.	y. Year)	015	Country	yland
	9a. FACILITY NAME (If not institution, give st	meet and number			9h CITY TO	WN OR LOCA	TION OF D		20,1		NTY OF DE	
œ	Franklin Square					altim		LAIII				
6	RESIDENCE OF DECEDENT	nospital				artim	ore			Dal	timor	е
8	10a. STATE 10b. COUNTY 10c. CIT					Y, TOWN OR LOCATION						10d, INSIDE CITY
DIRECTOR	-	1timore			Baltimore				1 - YES 2 X		LIMITS?	
₹ I	10e. STREET AND NUMBER					10f. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?		HAT COUNTRY?
FUNERAL	9415 Horn Avenue					21236 U.S			.S.A.			
5	11. MARITAL STATUS	12. WAS DECEDENT			13. WAS	DECENDENT	OF HISPAI	NIC ORIGIN? (S	pecify Yea	or No-		- American Indian,
IF YES, GIVE WAR OR DATES 1 YES 2 XT NO Specify: Specify:							,-					
	3 X Widowed 4 Divorced		WW II									White
邑	15. DECEDENT'S EDUC (Specify only highest grade)	CATION completed)			JSUAL OCCU		kina	16b. KIN	D OF BUS	INESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	- Illa	Do NOT use	retired.)	,						
d l	12		Ac	count	ant				Chem	ical	Comp	any
COMPLETED	17. FATNER'S NAME (First, Middle, Last)							ME (First, Middle	e, Maiden	Sumame)		
BE (Lewis Porter						Clara	Bish	op			
	19a. INFORMANT'S NAME (Type/Print)			. MAILING	ADDRESS (St	eet and Numb	er or Rurel	Route Number, C	Ity or Town	n, State, Zip	Code)	
2	Susan Meckel (daughter)		9415	Horn	Avenu	e, Ba	ltimor	e, M	D 2	1236	
ł	20a. METHOD OF DISPOSITION		20b. PLACE A	NDDATEO	FDISPOSITIO	N (Name of		DATE	20c. LO	CATION —	City or Tow	rn, Stata
	1 Donation 5 Other (Specify)	val from Stata	Green	matory or oth Mount	er place) Crem	atorv		1	Ba1	timo	re. M	laryland
	21. SIGNATURE OF FUNEBAL SERVICE LIC	ENSEE				E AND ADDR		CILITY	Dai	C IIIO	,	iar y rana
1	11-1	111						eral H				
_	thek	M	_		970	5 Bela	air R	d., Ba	1tim	ore,	MD	21236
H	23. PART Enter the dieeeses, or coshock, or heert feliure. I	omplications that	ceused the de	eth. Do no	ot enter the	mode of d	ying, suc	h ss cerdiec	or respi	retory arr	est,	Approximate interval Batween
- 8	IMMEDIATE CAUSE (Finei	not only one ood	o on ooon and.									Onset and Death
	diseese or condition resulting in death)	Bilater	al Inte	rstit	tial P	neumo	nia					5 days
	Tooling III down,	DUE TO (OR AS A CONSEC	UENCE OF):							1
z												
EDICAL CERTIFICATION	Sequentially liet conditions, if sny, leading to immediate	DUE TO (OR AS A CONSEC	UENCE OF)):							
2	CAUSE (Disease or injury											
E	that initiated events	DUE TO (OR AS A CONSEC	UENCE OF)	1:							
E	resulting in death) LAST											
0	PART ii. Other eignificent conditions	contribution to	do ath hust mat a		Ab a sun du			Billio I a				
₹ II	Dehydration, dep	ression.	chronic	atri	ial fi	hrill:	ation	Part I. 24a	PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă									YES 2	NO ⊠		COMPLETION OF CAUSE OF DEATH?
E I											1 2	1 YES 2 NO
	DID TOBACCO USE CONTR	IBUTE TO CAL	JSE OF DEAT	TH YES	S NO	☑ UN	CERTAII	N 🔲				
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLAC		N (Check only	one)						
Sic	1 TES 2 X NO	HOSPITAL: 1∑Xnpatient 2 □	ER/Outpatient 3		OTHER: 4 Nursing	Home 5 🗆 F	Rasidence	6 Other (Sp.	ecify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF I		28b. TIME	OF 28c	INJURY AT		28d. DESCRIE		JURY OCC	CURED	
	1 Natural 5 Pending Investigation	(Month, Day	(, rear)	INJU		WORK?	□ NO					
BÝ	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF	INJURY — At hor	ne, ferm, st	reet, factory,	office		28f. LOCATIO	N (Street a	nd Number	or Rural Ro	ute Number.
COMPLETED	4 Nomicide determined	building, a	tc. (Specify)					City or To				
W I	29a. CERTIFIER 1 X CERTIFYING PHYSIC				V-0121							
1	(Check only											
8	2 MEDICAL EXAMINER	CON the basis of axi	imination and/or li	nvestigation	, in my opinie	n, death occ	ured at the	time, data and	placa, and	dua to th	e cause(s)	and manner as atated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1 4				29c. LI	CENSE NUM	4BER		29d. DATE	SIGNED (Month, Day, Year)
0	Lu M	l author				RD	1779)			1110	1198
F	30. NAME AND ADDRESS OF PERSON WHO										1	1
	Liji Mathew, M.D.	9000 Fr	anklin	Squar	re Dri	ve B	altin	nore,	MD 2	1237		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	-									
	JAN 1 1 1995 A	ela d'avelso	x Rardall									

TO THE FAME OF DIRECTOR DIRECTOR TO THE FAME OF THE DIRECTOR THE POST OF THE P

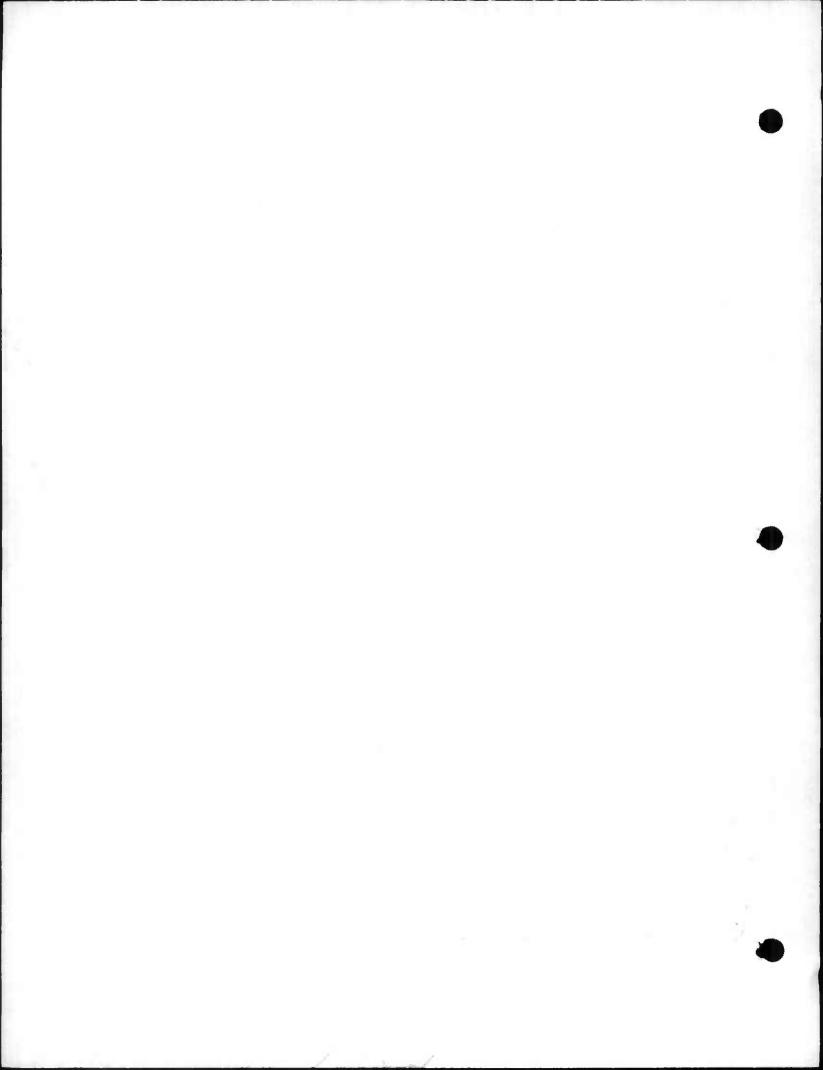


BALTIMORE, MARYLAND 21215-0020	The many of the law requires that the death certificate be executed within servicus after death. Page 6 may be retained by the hospital or attending physician. Discould be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	The property of the law requires that the death certificate be executed within sections after death. Page 6 may be retained by the hospital or attending physician. District the law requires the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burish-users to be an accompletely because of the common sections of the section of the sectio	them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE CONTRACT TO THE MILE OF FILED IN THE MILE OF TH

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR			CEHIIL	CALL	= UF	DEA	I H	F	REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DA	NY	YEAR	3. TIME OF DEATH
	Della Mae I								Janua:	ry 5	, 199)5	11:15 A. M
- 3	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		# UNDER	DAYS	IF UNDER	B.COLD.	7. DATE OF I	nv. Year)		Country)	LACE (State or Foreign
	235-32-1463	1 M 2 X F	92	YRS.					March	8, 1	1902	West	Virginia
~	9a. FACILITY NAME (If not institution, give s				9b. CITY, TOWN OR LOCATION OF DEATH				9c. COU	INTY OF DEA	TH		
0	Lorien-Riverside	Nursing	Cente	r		Belcamp				H	larfor	d	
E I							TION					T	Od. INSIDE CITY
Lorien-Riverside Nursing Center Belcamp Harfo										LIMITS?			
ER/	8909 Carlisle	Avenue					212	36			U.S.A.		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC			IC ORIGIN? (S	pecify Yee		14. BACE	- American Indian
								White, elc.					
BY	3. Widowed 4 Divorced						122	op comy.			- 1	орволу.	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a.	DECEDENT'S (Give kind of a life. Do NOT us	USUAL O	CCUPATIO	ON est of workin	ıa	16b. KIN	ID OF BUS	INESS/INC	DUSTRY	
Ë	Elementary/Secondary (0-12)	College (1-4 or 5	+)					•					
MP	8			Home	make	r	_			Own	Hom	ie	
	17. FATHER'S NAME (First, Middle, Last) Robert Mosle								AE (First, Midd		Sumeme)		
B		У						11ie					
၉	190. INFORMANT'S NAME (Type/Print) Agnes L. Bartos (dauahtan	,						oute Number, (
	200 METHOD OF DISPOSITION	daugnter	_					e.,	Baltin			2123	
	1X Burial 2 Cremation 3 Remo	oval from State	cametery,	cremetory or o Stani	OF DISPOS ther_placa)	ITION (Na	ime of		DATE			City or Town	
	4 Donation 5 Other (Specify)	ENSEE	_ St.	Stani				ry SS OF FAC	1/7	ват	timo	re, M	aryland
1	11-	/ . /							eral H	Iomes	. In	c.	
	Sph 1	fell.	-		9	705	Be1a	ir R	d. Ba	11tim	ore.	MD 2	1236
	23. PART . Enter the diseases, or of shock, or heart failure.	omplications the list only one cau	t ceused the ise on each ii	death. Do	ot enter	the mo	de of styl	ng, such	as cardiac	or respir	ratory an	rest,	Approximate Interval Between
1	IMMEDIATE CAUSE (Finel	0 1	1	- 1		+	1	Λ					Onset and Death
	resulting in desth)	uny	3114	- 1	ue	y	Ju	lu	2		_		
		DUE TO	(OR AS A COM	SEQUENCE OF	P):		1						
CERTIFICATION	Sequentisity list conditions,	DUE TO	(OR AS A CON	SECURINCE OF	n.	+	_						
E .	if sny, leading to immediate cause. Enter UNDERLYING			resource of	-	0							i
핕	CAUSE (Disease or injury that initieted events	DUE TO	OR AS A CONS	SEQUENCE OF	n:								
E	resulting in death) LAST	1											Į .
EDICAL	PART II. Other significant condition	contributing to	desth but no	t resulting i	in the un	derlying	ceuse g	iven in P	Part i. 24s	PERFORI			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
ă									_ 10	YES 2	NO		OMPLETION OF CAUSE F DEATH?
Σ									٦, ا			1	YES 2 NO
Z	DID TOBACCO USE CONTR	RIBUTE TO CA					UNC	ERTAIN	1 (2)				,
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PL	ACE OF DEAT	OTHER								
₹	1 YES 2 NO	1 Inpatient 2			4 Nur	ing Hom		sidence 6	Other (Sp	ectfy)			
- 40	Natural 5 Pending	28e. DATE OF (Month, De		28b. TAN INJ	E OF '		PIC?		28d. DEŞÇRII	BE HOW IN	JURY OC	CURED	
à l	Accident Investigation	DA- DI ACE O	P IN HARM A				/ES 2 _						
ETED	Suitcide Could not be determined	building,	F INJURY — At etc. (Specify)	nome, term, s	treet, fect	ory, office			281. LOCATIO City or To	N (Street ei wn, State)	nd Number	or Rural Roul	te Number,
	29e. CERTIFIER												
린	Check only 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge,	death occurre	d at the ti	me, date	end place,	end due to	o the cause(s	end men	ner es stat	ed.	
COMPL	MEDICAL EXAMINE	R: On the basis of s	camination and/	or Investigatio	n, in my o	pinion, de	eath occur	ed at the ti	lme, date end	place, end	due to th	ie cause(e) er	nd manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	10	11				29c. LICE	NSE NUME	BER		29d. DAT	SIGNED (M	onth, Day, Year)
2	you.	1/4					D	2X.	354		> //	1619	
- jj	30. NAME AND ADDRESS OF PERSON WHO							-			1	-1-	
	Dr. Linda Freili	-1			d, Be	el A	ir, l	MD 2	21015				
	JAN 1 1 1995	32. REGISTRA	R'S SIGNATURE	ll.									
	JAN 1 1 1995, 8		7.50										



ITEMS: 20b,20c, PER F.H. FILM G-719 1/13/95 t.t Item#1 Per F.H. Film# G-719 01/11/95 R.M.

	1 - STATE REGISTRAR	STATE OF MARY			E OF D		MEMIN	REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)		PARKE				2. DAT	E OF DEATH		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday	1 IF LINDS	EN I YEAR IF	UNDER 24 HRS	7 047	OF BIRTH		S 2053 PM BIRTHPLACE (State or Foreign		
	216-09-5188	1 - M 2	O YRS.	MONTHS		DURS MIN.	3/	2/190	\$	Country) Hd		
_	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF O											
TOT:	North West Hospital Center RANDAUSTOWN Balt											
DIRECTOR	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY		
	100. STREET AND NUMBER	ALTIMORE		_	-		<u>u</u>		1 TES 2 NO			
FUNERAL	3106 W	God ford	Place		10f. ZIF	101. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?		
S	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMEO	13	. WAS DECEND	ENT OF HISP	ANIC ORIGI	N? (Specify Yes	or No 14	. RACE — American Indian, Black, White, etc.		
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			If yes, specify			Hican, etc.)		Specify: Black		
G	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEOENT	S USUAL	OCCUPATION of during most of		16	b. KIND OF BUS	INESS/INOUS	TRY		
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.) during most or	working	I	Baltim	ore	City		
COMPL	17. FATHER'S NAME (First, Middle, Last)	College			16	MOTHER'S	NAME (First	HEU Middle, Maiden	Sumana)	epartment		
BE C	John L. Sa	unders			Ĩ	largo	wet	E.	Hoors			
6	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRES	SS (Street and A	lumber or Run	Il Route Nun	nber, City or Town	, State, Zip Co	12 ml 2/207		
	200. METHOO OF DISPOSITION	1 20	5/0	6 C	Lood	AT MEM	Place		Ball A	7,74		
i	Buriel 2 Cremation 3 Remo		melay, crematory or		M +6	WAPAR.	1/12	185 Ra	rda	US ban Hot		
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	1	23	NAME AND A	DORESS OF	FACILITY	West	- F-A-TH-A	217.15		
	Tola	Thank			large	300	W	alrus	h An	e Baltond		
	23. PART I. Enter the diseesea, or control ehock, or heart failure. L	omplications that cause list only one cause on a	d the death. Do	not ente	r the mode	of dying, s	uch as cer	diec or reepi	ratory arreat	Approximeta intervel Between		
- 1	IMMEDIATE CAUSE (Finel disease or condition	ASCVI								Onset and Dasth		
1	reculting in death)		A CONSEQUENCE	OF):								
NO	Sequentially list conditions,			50								
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	OUE TO (OH AS	A CONSEQUENCE	OF):								
F	CAUSE (Disesse or injury thet initieted events resulting in desth) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):								
SER	resulting in destin) EAST											
ICAL	PART II. Other algnificent conditions	contributing to death	but not resulting	in the u	inderlying ce	use given	in Pert i.	24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
MEDIC								1 - YES 2	NO	COMPLETION OF CAUSE OF DEATH?		
M	DID TOBACCO USE CONTR	IRUTE TO CAUSE O	DE DEATH N	FS 🖂	NO \square I	INICEDTA	JNI 🖂			1 TYES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL			ATH (Checi	k only one)	DIACEKIA						
NAN		28. PLACE OF OEATH (Check only one) HOSPITAL: Inpellant 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Rasidenca 6 Other (Specify)										
YSICIAN	EXAMINER?	1 Inpatient 2 ER/Out	patient 3 DOA					264. DESCRIBE HOW INJURY OCCURED				
PHYSICIAN:	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 DER/Out 28a. DATE OF INJURY (Month, Day, Year)	26b, Ti		28c. INJURY WORK?	North	26d. DE	SCRIBE HOW IN	IJURY OCCUR	EO		
BY	EXAMINER? VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Out 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY	26b. Ti	ME OF	WORK?	AT 2 NO	281, LO	CATION (Street a		Rural Route Number,		
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

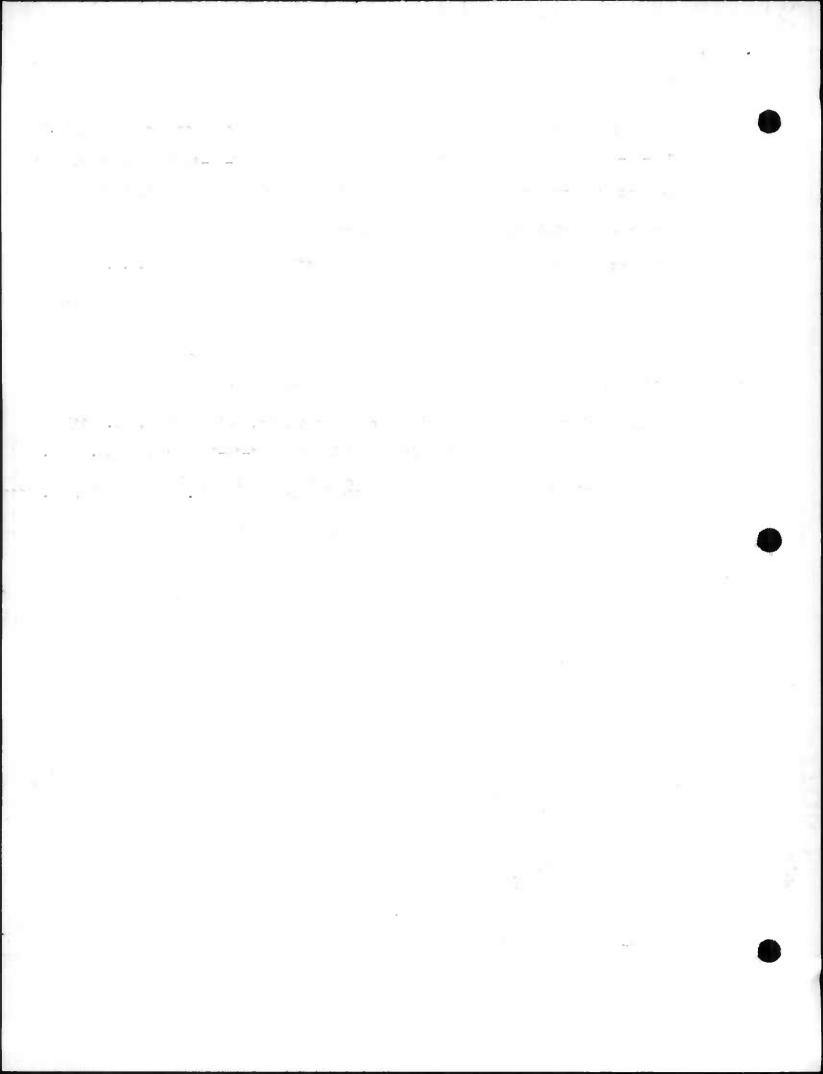
BALTIMORE, MARYLAND 21215-0020

JAN 1 1 1995 Julia Davidson Kardall

DIVISION OF VIFAL RECORDS, P.O. BOX 68760,

	TO BE COMBLETED BY BUKSICIAN: MEDICAL CERTICICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 28 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after dearn with the comment of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detache	TO THE FUNERAL DIRECTURE After the confidence of the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDED HIS COME TO PROPER TO THE HOSPITAL OR ATTENDED. PAGE 6 may be retained by the hosp

	1 - STATE OF MARY		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF OEATH		
	Mary Elizabeth Rowe			1 11	1995	7:15A "		
		MC MC	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign		
	188-22-5746 1 \(\text{I \text{ M 2 \text{ }}\) F	92 YRS.		9-29-1902	Per Per	nnsylvania		
DIRECTOR	226 Sacred Heart Lane	91	Reisterstown	9c. COUNTY OF DEATH Baltimore				
E	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATION			10d, INSIDE CITY		
1 1	Maryland Baltimore	Reis	terstown			1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER		10f, ZIP CODE		10g. CITIZEN OF			
N N	226 Sacred Heart Lane		21136					
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES	13. WAS DECENDENT OF HISPAI If yee, specify Cuban, Maxica 1 YES 2 ANO Specif	n, Puarlo Rican, etc.)	or No — 14. RAC Blac Spec	E — American Indian, k, Whita, atc. White			
₽								
COMPLETED	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)							
₽	17. FATHER'S NAME (First, Middle, Last)	Housewif			maker			
	Eli Best		18. MOTHER'S NA Mary T	ME (First, Middle, Maiden S	Sumame)			
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rural		State, Zip Code)			
2	Reahjean Raley	226 Sac	red Heart Lane	, Reisterst	own, MD	21136		
		b. PLACE AND DATE OF D			ATION — City or To			
	4 Donation 5 Other (Specify)	reenlawn B	Urial Estates 22. NAME AND ADDRESS OF FA		Butler	Co. Penn.		
	. J. Harth EeShard	5	Eckhardt Fune:	ral Chapel	wings M	ills. Md. 21		
	23. PART I. Enter the diseases, or complications that cause ahock, or heart failure. List only one cause on	ed the death. Do not				Approximata		
	IMMEDIATE CAUSE (Final	aach line.				Intarval Between Onset and Death		
	resulting in deeth)	while	Colon (Ance				
_	DUE TO (OR AS	A CONSEQUENCE OF):						
2	Sequentially liet conditions, if any, leading to immediate	A CONSEQUENCE OF):						
CA	CAUSE (Disease pr injury							
CERTIFICATION	thet initiated eventa DUE TO (OR AS resulting in death) LAST	A CONSEQUENCE OF):						
B	d							
SAL	PART II. Other algnificant conditions contributing to death	but not reaulting in t	he underlying ceuse given in	Part I. 24a. WAS AN A PERFORM		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHÝSÍCIAN: MEDIC				1 YES 2 [□ NO	OF DEATH?		
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE (DE DEATH VES	□ NO □ UNICERTAII			1 TYES 2 NO		
Ä	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF OEATH (1				
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Ou		THER: Nursing Home 5 Tasidenca	6 ☐ Other (Specify)				
F	27. MANNER OF CEATH 28a. DATE OF INJURY (Month, Day, Year)	286. TIME O	F 28c. INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURED			
B	2 Accident Investigation		M 1 YES 2 NO					
TED	3 Suicide 8 Could not be determined 28s. PLACE OF INJUR building, aic. (Sp.	Y — Al home, farm, stree	t, tactory, offica	281. LOCATION (Street an City or Town, State)	d Number or Rumi i	Route Number,		
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kno	wledge, death occurred a	the time, data and place, and dua	to the cause(s) and mann	er as stated.			
8	one) 2 MEDICAL EXAMINER: On the basis of examinati	on and/or investigation, is	n my opinion, death occured at the	time, data and placa, and	dua to the cause(s	and manner as stated.		
BE 0	296. SIGNATURE AND THILE OF CERTIFIER		29c. LICENSE NUI	IBER	29d. DATE SIGNED	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	FATU ATPARA	1)271	13	P Un	17		
	- 1 1	EATH (ITEM 27) (Type, Pri		entylus	0			
	31. DATE FILED (Month, Day, Year) 33, REGISTRAR'S G) 1 (Change and	~ (1)	21.34		
	JAN 1 1 1995 Juli Dudiar Na	DAT!						



permit. Pages 1, 2, 3 should use as the burlal-transit retained by the hospital or attending physician. funeral director, page 5 should be detached for F notified ours after death. Page 6 may be pe must examiner n by the fremoval. medical I completely filled in I urial, cremation, or re filled in I the event, executed with nding physician and com Hygiene prior to burial, other traumatic requires that the death certificate be attending 0 signed by the atter Health and Mental injury, any Shows peen 0 Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 23 Hem the State C 0 this c marked, DIRECTOR: After the hours after death v 92 28 Hem TO THE HOSPITAL OF TO THE FUNERAL DE FILED WITHIN 72 hr

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR. Jan r. SOCIAL SECURITY NUMBER 6. AGE (In yrs IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign -42-950 1 X M 2 - F 93 9e, FACILITY NAME (If not institution, give LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR O RESIDENCE OF DE EDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10 to YES 2 NO FUNERAL AND NUMBER WHAT COUNTRY? 10f ZIP CODE 10g. CITIZEN OF Ave 21215 Immonds U.S - American Indian, White etc. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puarto Rican, etc.)
 U YES 2 NO Specify: RACE 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced BE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher stary/Secondary (0-12) College (1-4 or 5 +) Unknown intenance sociate own FATHER'S NAME (First Middle nbinson 19b. MAILING ADDRESS (S 2 son 564 21239 to, Mal 2 b. FLACE AND DATE OF DISPOSITION (Name of METHOD OF DISPOSITION 20a METHOD OF DISPOSITION
12. Burlel 2 Cremetion 3
13. Donation 20c. LOCATION - City of 12/2/ Burlel 2 Cremetion 3 Rer 22. NAME AND ADDRESS OF FACILITY 3 64 Ja 23. PART I. Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory streat, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Finel Onaet and Death diseese or condition reaulting in death) JORDIC ABDININA UPTUNEI) ANEUMY. 2-3 145 DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) YES 2 NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 848 PM 1 Natural 1 YES BY Accide 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occu 29d, DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 95 ESIDENT 0 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SCHMIDT 1216 S. RMITO UNRLE 224 32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

YEAR

3 TIME OF DEATH

10d. INSIDE CITY

14. RACE - American Indian, Black, White, etc.

Specify:

1 X YES 2 NO

White

21213

Approximate Interval Between Onset and Daath

6 Mas

24b, WERE AUTOPSY FINDINGS

OF DEATH? 1 YES 2 NO

29d, DATE SIGNED (Month, Day, Year)

21204

195

AMILABLE PRIOR TO COMPLETION DF CAUSE

8. BIRTHPLACE (State or Foreign

Virginia

428 P

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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DIVISION OF VITAL RECORDS, P.O. BOX	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician at	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traums
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BE

29n. CERTIFIER

1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH JAN THOMAS ROBERSON 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH March 9, 213-05-7589 1 X M 2 - F 83 YRS. 1911 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Stella Maris Hospice Baltimore Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION Maryland N/A Baltimore permit. 10e. STREET AND NUMBER FUNERAL INF ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3670 Chesterfield Avenue bunal-transit 21213 U.S.A. ours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11 MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married FORCES? 1 YES 2 В 3 Widowed 4 Divorced use as the 15. DECEDENT'S EDUCATION ED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest ᆸ Joy Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL detached 3rd Ship Fitter Maryland Drydock once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) funeral director, page 5 should be John A. Roberson Gartrude Unknown GERTRUDE UNKNOWN notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 36870 Chesterfield Avenue, Ruth Roberson (Wife) Baltimore, Md. pe 20a METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Removal from State 20h PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must certetery, crematory or other place)

Olivet Cemetery 1/9/95 Baltimore, Maryland 4 Donation 5 Other (Specify) the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Schimunek Funeral Home Lugene 3331 Brehms Lane, Baltimore, Md. the or removal. 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. ysician and completely filled in by a prior to burial, cremation, or remo IMMEDIATE CAUSE (Final disease or condition MYELOFIBROSIS resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediata physician cause. Enter UNDERLYING CAUSE (Disease or Injury the attending phy 3 Mental Hygiene p shows any injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL and a Signed Health a 1 TYES 2 NO has be Dept. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X PHYSICIAN: UNCERTAIN item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one, certificate h EXAMINER? OTHER 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 □ Nursing Nome 5 □ Residence 6 XOther (Specify) HOSPICE marked, or 27. MANNER OF BEATN 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED this c 1 Natural 1 YES 2 NO After 1 В Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 is COMPLETED 8 Could not be DIRECTOR: J determined

2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) DR. KENDALL FAULKNER

296. SIGNATURE AND TITLE OF CERTIFIER

2300 DULANEY VALLEY RD., TOWSON, MD 32. REGISTRAP'S SIGNATURE

auleneuro

1 XCERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

D 25643

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ING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital	Pe	
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	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CEI				MONTH	OF DEATH	• • • • • • • • • • • • • • • • • • •	year 3. Time	OF DEATN
	4. SOCIAL SECURITY NUMBER		y C. F				Jan		1995		
	241-10-4930	1-XXM 2 □ F	88 yrs	YRS. MO	HTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	July	Day Year)	1906	Country) Virgi	
œ	9a. FACILITY NAME (If not institution, give :			96		OR LOCATION OF DE	EATN		9c. COUNT	9c. COUNTY OF DEATN	
DIRECTOR	3428 Keswick Ro	oad			Baltimore						
H	10s. STATE 10b. COUNT	Y			1 (84)					SIDE CITY	
	Maryland			Balt	timore					1 🖾 YI	ES 2 HO
LONEDAL	100. STREET AND NUMBER 3428 Keswicl	Pond			101	21211				S.A	UNTRY?
	11. MARITAL STATUS	12. WAS DECEDENT	EVER IH U.S. ARME	ED	13. WAS DEC	ENDENT OF NISPAI	NIC ORIGIN?	(Specify Yes		I. RACE — Ame	rican Indian
	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 FYES, GIVE WA	YES ZONO R OR DATES		If yes, sp	ecify Cuben, Mexica 2 X NO Specif	n, Puerto R			Black, White,	ite
3	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	(Give	kind of work	UAL OCCUPATION done during mo	ON ast of working	16b.	KIHD OF BU	SINESS/INDUS	STRY	
COMPLETED	Elementary/Secondary (0-12) 6th	College (1-4 or 5+)		inter	etired.)		С	ontra	cting	Busine	SS
	17. FATHER'S NAME (First, Middle, Lest)	unk				16. MOTHER'S NA	ME (First, M unk	iddle, Maiden	Surname)		
) DE	19a. INFORMANT'S NAME (Type/Print)	dire	196. 1	MAILING AD	DRESS (Street a	ind Number or Rural		er, City or Tow	n, State, Zip C	ode)	
2	Dorothy L. Reyno	lds	34	428 K	eswick	Road, Ba	altim	ore,	Md. 21	211	
Į,	20a. METNOD OF DISPOSITION 1X Buriel 2 Cremation 3 Ram	noval Irom State	cemetery crema	story or other	DISPOSITION (Ne		DATE			y or Town, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Glen	Haven	Mem Pa	ark 1/1:	1	G1	en Bur	nie, M	d.
ı	660	1-6	\cap		44. NAME AL	ADDRESS OF FA	KALIT				
	23. PART I. Enter the disease, or shock, or haart failura. IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	a. Atte	e on each line.	tu !	3818 anter tha mo		Avenu h ss csrdi	e. Ba ac or resp	1timor	e Mod	pproximats terval Betw
RTIFICATION	iMMEDIATE CAUSE (Final disease or condition	a. DUE TO (C	e on aach lina.	PENCE OF):	3818 anter tha mo	Roland da of dying, suc	Avenu h ss csrdi	e. Ba ac or resp	1timor	e Mod	pproximats terval Betw
O	snock, or haer failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (C	OR AS A CONSEQUENT OF A CONSEQUENT OF AS A CONSEQUENT OF A CONSEQUENT OF A CONSEQUENT OF	ENCE OF):	3818 anter tha mo	Roland da of dying, suc	Avenu h ss csrdl	e Ba ac or respi	1timor	R, And In O	pproximats sterval Betw neet and D
0	snock, or haart failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	a. DUE TO (C	OR AS A CONSEQUENT OF A CONSEQUENT OF AS A CONSEQUENT OF A CONSEQUENT OF A CONSEQUENT OF	ENCE OF):	3818 anter tha mo	Roland da of dying, suc	Avenu h ss csrdl	e. Ba ac or resp	1timor Iratory arres	24b. WERE A	pproximats terval Betwonset and Double terval Betwonset and Double terval by the terval between the terval b
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		FOR STATE REGISTRAR	STATE OF MARY					EALTH AND DEATH	MENTAL HYGIE REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last)								DAY	YEAR	TIME OF DEATH
4		William Alfred Rebsamen 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR						January		, 199		1:00 P. M
		511-01-4487		77	YRS.	MONTHS	DAYS	HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) NOV. 9, 1	917	Country) Kansa	ACE (State or Foreign
3 should		9e. FACILITY NAME (If not institution, give s	reet and number)			9b. CITY	TOWN C	PR LOCATION OF D			NTY OF DEAT	
2,3	OR	Manor Care - Ruxt	on			To	wsor	ı		Bal	timor	e County
+2	DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE . 10b, COUNTY	,		10c. CITY	, TOWN C	R LOCAT	TON			10	d. INSIDE CITY
. F.	PHO	Maryland Balti	more County E			timo	re				1/	LIMITS?
E	¥.	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITI	ZEN OF WHA	T COUNTRY?
an. ransit	FUNERAL	5902 Trumps Mill						21206		U.S	.A.	
hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages or removal. medical examiner must be notified at once.	BY FU	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Divorced	12. WAS DECEDENT EVE FORCES? 1 (X) YI IF YES, GIVE WAR OF WWII	ES 2 NO			l yes, spe		NIC ORIGIN? (Specify Youn, Puerto Rican, etc.) y:	os or No—	14. RACE — Black, W Specify: White	
aftenc ise as	ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Giv	EDENT'S I	rork done		ON st of working	16b. KIND OF B	JSINESS/IND	USTRY	
ched for u	COMPLET	Elementary/Secondery (0-12) 9th Grade	College (1-4 or 5+)	life.	Do NOT use	e retired.)	_	ce Cler	Gas &	Elect	ric C	ompany
be detach	00	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Maide			
ould b	BE	William H. Rebsam	en	196	MAILING	ADDRES	/Street e		de Unknown		Cardal	
s retained 5 should notified	2	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Rose Marie Rebsamen 5902 Trumps Mill Road, Baltimore, Maryland 21206									3 21206	
e 6 may be ector, page must be		20c. METHOD OF DISPOSITION 1 © Burlet 2 Cremetton 3 Removal from State 4 Donatton 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Committee of Part o										
. Page ral dire		21. SIGNATURE OF FUNERAL SERVICE LIC			,	22.	NAME AN	O ADDRESS OF FA	CILITY			
fter death. Pag the funeral dis oval.		Battleen	m. m.	uzsi	by	J0 64	hp (Mille: Selair R	r, Inc. Dad, Balti	more,	Mary.	land 21206
nours after of in by the or removal		23. PART i. Enter the diseases, or of ehock, or heart failure.	omplications that cau List only one cause or	sed the des n each line.	ith/ Do n	ot enter	the mo	de of dying, aud	h es cerdiec or rea	piratory srr	est,	Approximate interval Between
P = n		IMMEDIATE CAUSE (Finel disease or condition	CAK	CIN	101	ng p	1	of ?	THRAM	7		Onset and Death
completely fille fal, cremation, event, the		disease or condition resulting in death) a. CARCINOMA OF THROAT. OUE TO (OR AS A CONSEQUENCE OF):								reonns.		
and o bur	RTIFICATION	Sequentielly list conditione, if sny, leeding to immediate	DUE TO (OR A	S A CONSEO	UENCE OF):						
death certificate be e attending physician ental Hygiene prior to iry, or other traum	IFIC	CAUSE (Disease or injury that initieted evente Due TO (OR AS A CONSEQUENCE OF):										
death ce e attendin lental Hyg ury, or o	CERT	resulting in death) LAST										
		PART ii. Other aignificent condition	e contributing to deat	h but not re	eaulting is	n the ur	derlying	ceuse given in		N AUTOPSY		RE AUTOPSY FINDINGS AILABLE PRIOR TO
signed by Health an	MEDICAL								1 YES	2 NO		MPLETION OF CAUSE DEATH?
P 0 6		DID TOBACCO USE CONTI	RIBUTE TO CAUSE	OF DEAT	TH YE	S 🗆 I	40 E	UNCERTAI			1 [YES 2 NO
N: The law icate has be State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE	OF DEAT		-					
sician: The certificate the State , or Item	YSI	1 TES 2 NO	1 Inpetient 2 ER/C			-	ing Hom		8 Other (Specify)			
this o		27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Yea		28b. TIME INJU	JRY M		URY AT RK? /ES 2 NO	28d. DEŞCRIBE HOW	INJURY OCC	URED	
North State	ED BY	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE OF INJU- building, etc. (S	JRY — Al horr	ne, Jerm, st	treet, Jact			281. LOCATION (Street City or Town, Steh	and Number	or Rural Routi	Number,
DHA ATTE DHA SHE Hours after Item 28	=	4 Homicide determined					_					
PITAL DI PAL DI PI 72 NO F. H IN	COMPL	onal	CIAN: To the beat of my kn R: On the besis of examina									d manner as ateled
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: II	8	296. SIGNATURE AND TITLE OF CERTIFIER	_				1	29c. LICENSE NUI				onth, Day, Year)
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: II	0 8	Mound	sdi m	2				D-128		•		3-95
1	F 8	30 NAME AND ADDRESS OF DEDSON WHI	COMPLETED CALIFE OF									

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

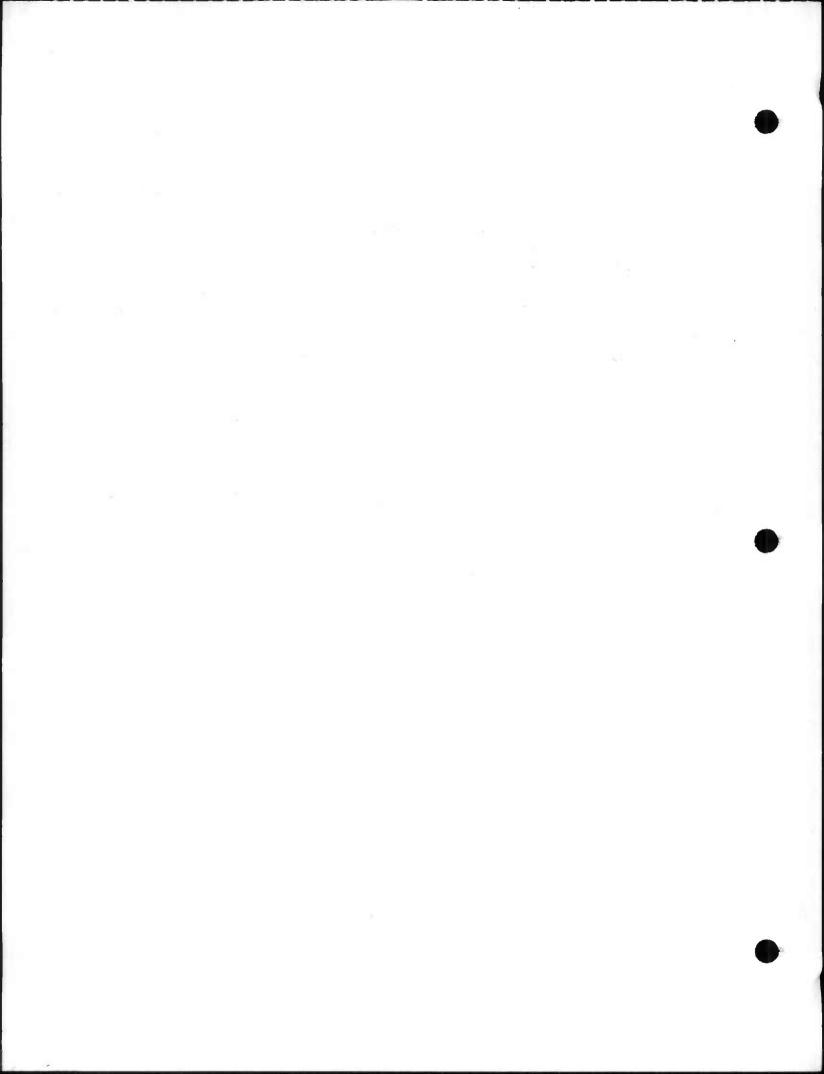
AH-GHILADI. MD. 7600 OSLER

31. DATE FILED (Morat, Day, Year)

JAN 11 1995 July 22 (REGISTRAR'S SANATURE)

21209

Dr. Towson MA.

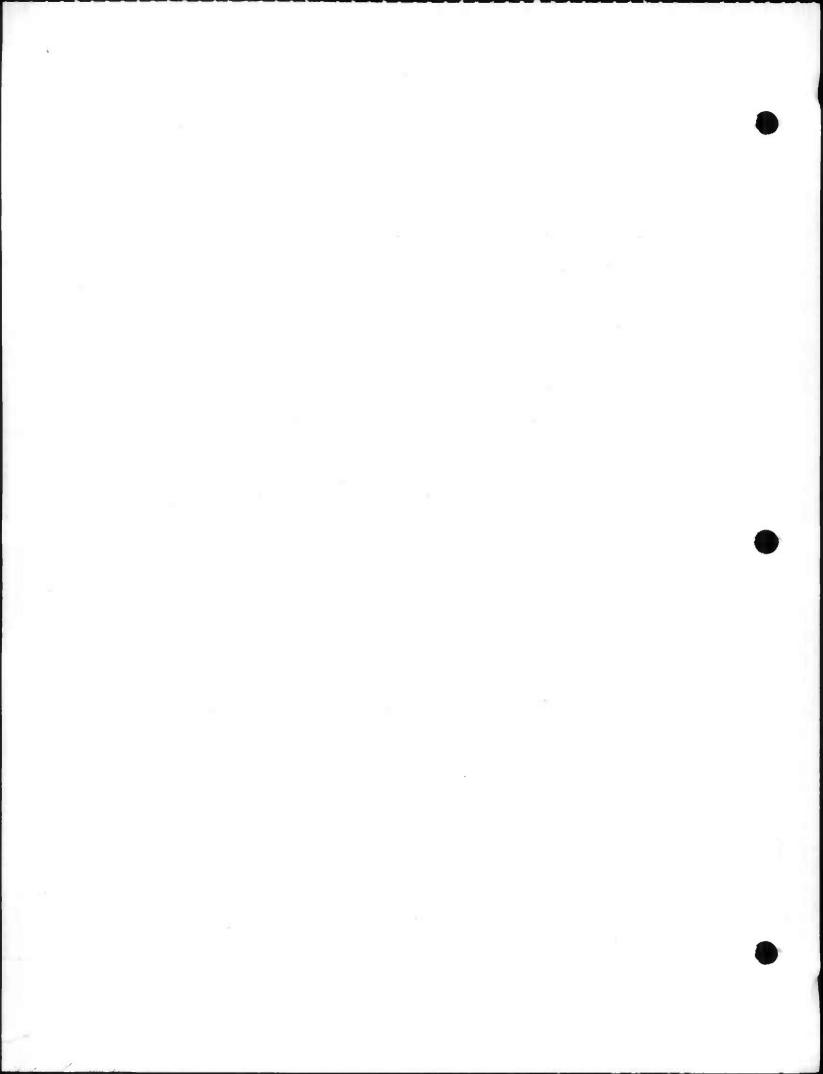


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SION OF VITAL RECORDS, P.O.	The second second second
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	ermit. Pages 1, 2, 3 should		
spital or aftending physician.	should be detached for use as the burial-transit		
lay be retained by the ho	page 5 should be detact		t be notified at once.
irs after death. Page 6 m	in by the funeral director, page 5:	removal.	edical examiner musi
e executed within 24 nou	in and completely filled i	to burial, cremation, or	umatic event, the medica
at the death certificate b	by the attending physicia	and Mental Hygiene prior	m 28 is marked, or item 23 shows any injury, or other traumatic
AN: The law requires the	is certificate has been signed by	State Dept. of Health a	r Item 23 shows an
OF ALENDING PHYSICA	HECTUR: After this cert	fours after death with the State Dept. of	tem 28 is marked, o

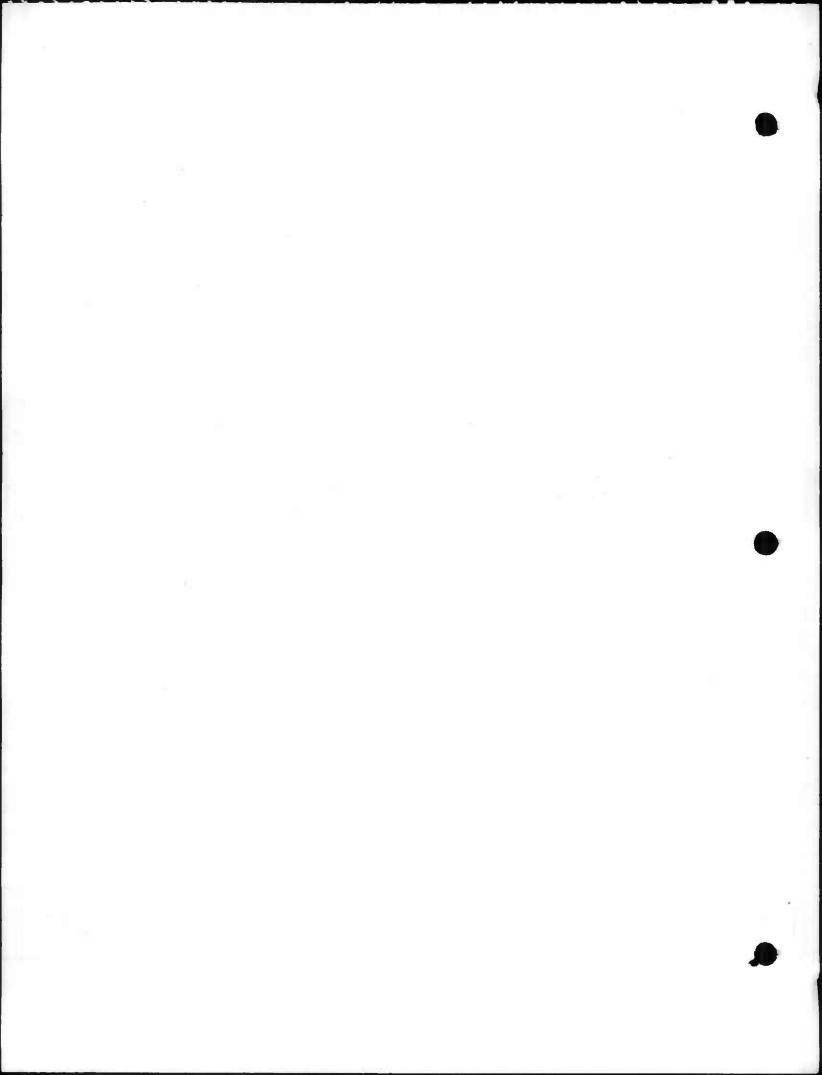
FOR

	1 - STATE REGISTRAR		SIAIE UF I		CERTIF					MEN	REG. NO.	E		
	1. DECEDENT'S NAME (First, Mi	iddle, Lasi)									ATE OF DEATN			3. TIME OF DEATN
	Barbara Ka	Rinker				January 7, 1995			640/P "					
-	4. SOCIAL SECURITY NUMBER 5. SEX			6. AGE (In yrs. last birthday) IF UND			1 YEAR				7 DATE OF BIRTH		8. BIRTN	PLACE (State or Foreign
	218-54-2703 1 □ M 2 ⊠			45	YRS.	MONTHS	DAYS	HOURS	MIN.	Fel	onth, Day, Year)	1949	Mar	yland
	9a. FACILITY NAME (If not institu	ution, give stree	et and number)			9b. CITY	TOWN C	R LOCATION	ON OF DE			9c. COU	NTY OF D	EATN
OR	3900 Overlea		æ			Balt	imoi:	re Ci	Lty			N/	'A	
2	RESIDENCE OF DECE		10a CIT	Y. TOWN C	NR LOCAT	1011								
DIRECTOR	Maryland	N/	'A		100	.,		17.0						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					. (-4416)	timore City				10- 0171771			1 M YES 2 □ NO
FUNERAL	3900 Overlea	Avenu	ie					206-		9	U.S.A.			THE COUNTY
S	11. MARITAL STATUS	1	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	F NISPA	NIC ORI	GIN? (Specify Yes			- American Indian, c, Whita, atc.
BY F	1 Never Married 2 Ma		FORCES? 1 IF YES, GIVE W		⊠ио			2 NO			rto Rican, etc.)			
	3 Widowed 4 Divorce												Whit	:e
TE	(Specify only hi			16a.	Give kind of	work done			ng	1	16b. KINO OF BUS	SINESS/INC	USTRY	
2	Elementary/Secondary (0-12))	College (1-4 or 5	+)	Sales	se retired.)					Jewelr	z Sto	re	
COMPLETED	17. FATNER'S NAME (First, Middle	le Last)	_					40 MOTE	UEBIC MA	ME (E)	st. Middle, Maiden			
Ö	Irvin Edward		y								herine 1		WS	
BE	19a. INFORMANT'S NAME (Type			Т	196. MAILING	ADDRESS	(Street a	nd Number	or Rural I	Ploute N	lumber, City or Town	n. State. Zin	Gode)	
5	Francis Blair	ne Rin	ker											21206-1549
	20a. METNOO OF DISPOSITION		ol down Odes		CEANDDATE					D	ATE 20c. LO	CATION —	City or To	wn, Stata
	4 Donation 5 Other (Sp		ar from State	McKe	ndree°	Ceme	etery	7	1/10	0/9!	5 Whit	te Ha	ill,M	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206													
	23. PART i. Enter the dise	eses, or cor	mplicetions the	t caused the	desth. Do	not enter	tha mo-	de of dy	ing, suc	h ee c	srdlac or respi	ratory an	reet,	Approximate
	ehock, or haert fallura. List only one cause on eech line. IMMEDIATE CAUSE (Final Onset and Death													
	disease or condition resulting in death)	8.,	Dial	retes	Mel	lute	15							20 years
			DUE TO	(OR AS A CON	SEQUENCE O	F):								
8	Sequentially ilst condition	Sequentially list conditions.												
Ā		if sny, leading to immediate												
윤	CAUSE (Diseese or injury that initieted events	G	DUE TO	(OR AS A CON	ISEOUENCE O	F):								
CERTIFICATION	resulting in desth) LAST													
	DART II ON II III	0.												
ICAL	PART II. Other eignificant	conditions									Demen		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă		Dua	VISA	341, 3	dec					15	1 TES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
MED	Starvation							terof		tut	in			1 TYES 2 NO
PHYSICIAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO M		BUTE TO CA					UNC	ERTAI	N \square				
Sici	EXAMINER?	-	IOSPITAL:		LACE OF DEA	OTHER	R:			_				
¥	27. MANNER OF DEATN		28a, DATE OF		patient 3 DOA 4 Nursing Nome 5 Residence 1					ther (Specify) DESCRIBE NOW II	HILIBA OC	CHBED		
	Returni 5 Per		(Month, D	ley, Year)		URY M	WO	RK?	NO	200.	OESCRIBE NOW II	NORT OC	CONED	
D BY	2 D Sudelde	estigation uld not be	28a. PLACE O	F INJURY A	t home, ferm,	Street, fact	ory, office			261. LOCATION (Street and Number or Rural Route Number,				
TEC		armined	building,	etc. (Specify)						0	City or Town, State)			
J.	29s. CERTIFIER (Check only	ING PNYSICIA	N: To the best of	my knowladge	, death occurr	ed et the t	me, date	and place	and due	to the	cause(s) and man	Day as ete	lad	
COMPLETE) and manner as stated,
C	29b. SIGNATURE AND TITLE			7.					NSE NUM					(Month, Day, Year)
8	Edward	Jul	the Ca	May	6 M			0	20	84	18	> 1	4	195
일	30. NAME AND ADDRESS OF PI	ERSON WHO	COMPLETEO CAUS	SE OF DEATH (ITEM 27) (Type	Print)	01		-	12 (1:-	- ~	1	
	Edward	S	2th	Kno	LUSA	1)-	. 4/6	05 F	1/1	na	MO M	g D	01:	237
	31. DATE FILED (Month, Day, Year	_ / /	32 REGISTRA	DATE FILED (Month, Day, Vear) 1 A N 1 1 1005 1 1005										



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	. HYGIENE
CERTIFICATE OF DEATH	REG. NO.

		1 - FOR STATE REGISTRAR	TE OF MARYLAND / DEPARTMENT OF CERTIFICATE OF	HEALTH AND I	MENTAL HYGIEN REG. NO		
		1. DECEDENT'S NAME (First, Middle, Last)	100-		2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH
			NART		Jan 9		254 AMM
		4. SOCIAL SECURITY NUMBER 5. SEX	AGE (In yrs. last birthday) IF UNDER 1 YEAR 7 7 YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BrRT	(HPLACE (State or Foreign
plnods		9a. FACILITY NAME (If not institution, give street and i		OR LOCATION OF DE	13-17-1r	N COUNTY OF	OFATH.
3 Sh	E C	4 1 5	1 - ()		- 0	9c. COUNTY OF	DEATH
1, 2,	CTOR	RESIDENCE OF DECEDENT	tan H 050 100 1.	timo		TOPIG1	more.
Pages	DIRE	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCA	TION 17			10d. INSIDE CITY LIMITS?
permit.		10e. STREET AND NUMBER		al, 10			1 YES 2 NO
	RAL	14251	1	H. ZIP CODE	. 0	10g. CITIZEN OF	WHAT COUNTRY?
020 physician. bunial-transit	FUNE	11. MARITAL STATUS 12. WAS	DECEDENT EVER IN U.S. ARMED 13, WAS DE	CENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No. 14 BAC	E - American Indian,
020 physician bunal-tran		1 Never Married 2 Married FOR	CES? 1 YES 2 NO It yes, s	socify Cuban, Maxica S 2 NO Specify	n, Puarto Rican, etc.)		ck, White, etc.
215-0020 attending physic ise as the burial	ВУ	3 Widowed 4 Divorced					Black
	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed			16b. KIND OF BUS	SINESS/INDUSTRY	4
D 21 pital or ed for u		Elamentary/Secondary (0-12) College	(1-4 or 5+) life. Do NOT use retired.)		Re	slauran	t
AND the hospital detached for once.	COMPL	17. FATHER'S NAME (First, Middle, Lest)	CAP.	18. MOTHER'S NA	ME (First, Middle, Malden		
8 E & X	Ü	LUBY BROOK	12	Pagel	. 12	. e. GINS	
MAR retained 5 should notified	8	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street	and Number or Rural F	Route Number, City or Tow	n, State, Zip Code)	
berg ge 5	5	PATRICIA STE	NET 143 7 WAR	lon One	Bulta	- Ind	21239
W 5 2 0		20a, METHOD OF DISPOSITION 1 □ Buriel 2 ■ Cremetion 3 □ Removal from	20b. PLACE AND DATE OF DISPOSITION (N cemetery, crematory or other place)	ame of	DATE 20c. LO	CATION — City or 1	Town, Stata
		Donation 5 Other (Specify)	Breinment &	2	1/19 8	alto.	me
ALTIN death, Pag tuneral di tuneral di examiner		to the	12 NAME A	ND ADDRESS OF FA	ENTER	1 AV	2
		J. Go LOER	1110				
n by reme		23. PART i. Enter the diseases, or complice shock, or heart failure. List only	itions that caused the deeth. Do not enter the me	oda of dying, auci	h as cardiac or reapi	iratory srreat,	Approximata Interval Batween
filled i		IMMEDIATE CAUSE (Fine)					Onsat and Desth
- A R -		resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):	RDIAC	DISEA	SE	
pa Lio			DUE TO (OR AS A CONSEQUENCE OF):				
OX 6871 e be executed sician and con rior to burial, traumatic en	CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):				
BO) ate be nysiciar prior	CAT	cause. Enter UNDERLYING CAUSE (Disease or injury					
certificate ding physiene pr	HTIF	that initiated eventa	DUE TO (OR AS A CONSEQUENCE OF):				
마 는 등 는 이	ш	resulting in death) LAST					
9 € 5 =	AL C	PART II. Other significant conditions contri	buting to deeth but not resulting in the underlyin	g couse given in	Part i. 24a. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS
_ >0 _	EDICA				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
O 등 왕조 로	MED					TO TO	DF DEATH? 1 ☐ YES 2 D NO
		DID TOBACCO USE CONTRIBUTE	TO CAUSE OF DEATH YES NO	UNCERTAIN	<u></u>		
4 9 E E	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (Check only one				
VII,	YSI	1 U YES 2 II NO 11 Inp		ne 5 🗆 Raaldenca	8 Other (Specify)		
PHYSICIAN: this certification with the St.	F	27. MANNER OF DEATH 286	(Month, Day, Year) INJURY W	JURY AT ORK?	28d. DESCRIBE HOW I	NJURY OCCURED	
DING PHYS After this death with	ВУ	2 Accident Investigation		YES 2 NO			
2 E E E	E	3 Suicide 6 Could not be 4 Homicide detarmined	 PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 	on .	28f. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
DINECTOR: hours after 18 item 28 i	COMPLET	29a. CERTIFIER					
로 작은 #	MP		the best of my knowledge, death occurred at the time, date bests of examination and/or investigation, in my opinion,				(a) and manner as stated
HOSPITAL FUNERAL WITHIN 72	TI II	296. SIGNATURE AND TITLE OF CERTIFIER	oprinos,	29c. LICENSE NUM			
2	BE	9hm RESIDEN	T	0-67			O (Month, Day, Year)
>T	5	20 NAME AND ADDRESS OF SERVICE WILL SOME	ETED CAUSE OF DEATH (ITEM 27) (Type, Print)				.9.95
\mathbf{v}		MOHAMMAD S. BER	ENDI , 5601 LOCH RI	WEN RLV	D. BAITI	MCRE. A	1121225
	i	31. DATE FILED (Month, Day, Year)	REGINAL Y MANAGE		- , 01,011	WKC /	.0 -1-51
		1717 T T 1332 Junta					ı



3. TIME OF DEATH

DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

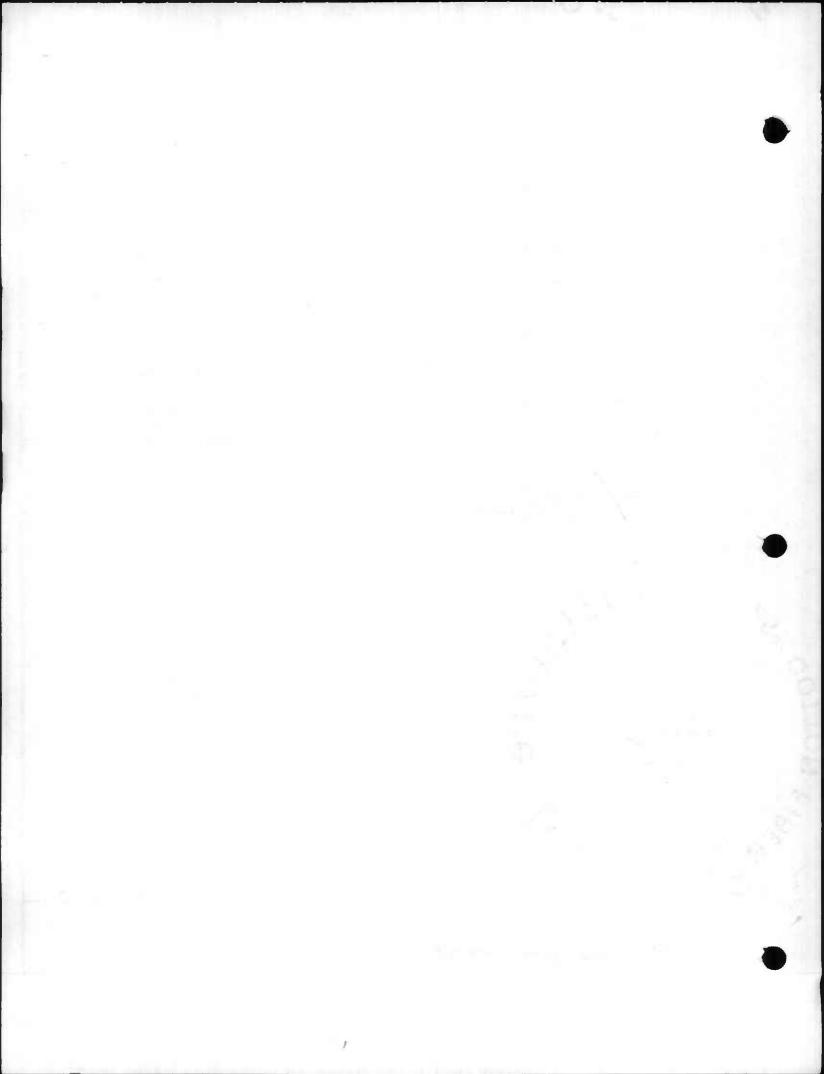
1. DECEDENT'S NAME (First, Middle, Last)

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	4. SOCIAL SECURITY NUMBER	200	7 yrs. last birthday) IF UNDER 1	VEAR SELEMBER 24 MIDE 7 DV	ONTH DAY San ATE OF BIRTH Horith, Day, Your)	95 2:00 P B. BIRTHPLACE (State or Foreign Country)		
80	297-03-3285 •a. FACILITY NAME (If not institution, give 719 MAIDEN CHOIC	7/	206 9b. CITY, 1	OWN OR LOCATION OF DEATH NSVILLE		OHIO TY OF DEATH ALTIMORE		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN MARYLAND		18c. CITY, TOWN OR		DF	10d. INSIDE CITY LIMITS?		
FUNERAL C	100. STREET AND NUMBER 719 MAIDEN CHOIC			101. ZIP CODE 21228	10g. CITIZ	1 TYES 2 NO		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1X YES IF YES, GIVE WAR OR DA	2 NO If	AS DECENDENT OF HISPANIC OR res, specify Cuban, Mexican, Pue YES 2 NO Specify:		14. RACE — American Indian, Black, White, etc. Specify: WHITE		
PLETED	15, DECEDENT'S EE (Specify only highest gra- Elementary/Secondary (0-12)	College (1-4 or 5+) 3 YRS	16a. DECEDENT'S USUAL OCC (Give kind of work done du life. Do NOT use retired.) LT. COMMANDE	ring most of working	166. KINO OF BUSINESS/INDO	JSTRY		
BE COMPL	17. FATHER'S NAME (First, Middle, Lust) GEORGE W. SMITH			SARAH M				
TO BI	190. INFORMANT'S NAME (Type/Print) MRS. KATHARINE S	MITH		Street and Number or Rural Route F CHOICE LA—HE				
	20a. METHOD OF DISPOSITION 1 GyBurial 2 Gremation 3 Ra 4 Gremation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	moval from State come	otery, cremetory or other place) LINGTON NAT'L 22. No HUB	DATE 20c. LOCATION — City or Town, State cremetory or other place) 1/12 FT.MYER, VA. 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE—BALTIMORE, MD 21229				
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A C	CONSEQUENCE OF): CONSEQUENCE OF):	JAL CELL	CANCER	Onset and D		
MEDICAL CI	PART II. Other significant conditions of the COPO	ons contributing to deeth bu	it not resulting in the und	erlying cause given in Part i	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 700	24b. WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHER:	26. PLACE DF DEATH (Check on	* S S S S S S S S S			
D BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	WORK7 1 YES 2 NO y, office 281, 1	DESCRIBE HOW INJURY OCCI LOCATION (Street and Number of			
OMPLETE	4 Homicide determined 29a. CERTIFIER (Check only 1	building, etc. (Specifical SICIAN: To the best of my knowle NER: On the basis of examination	edge, death occurred at the tim	e, date and place, and due to the				
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFI JOHN STATE OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS AND ADDRESS OF PERSON WAS A	THO COMPLETED CAUSE OF DEAL	TH (ITEM 27) (Type, Print)	290. LICENSE NUMBER 04474 711 MAIOEN	S 29d. DATE	SIGNED (Month, Day, Year)		
. 4	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH MONTH



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	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTA	L HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, La. DOTO HO 4. SOCIAL SECURITY NUMBER	Shell	In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS.	Ja	n. 8 190	3. TIME OF DEATH				
	213-20- (dol 3	1 - M 2 XF 7	9 YRS. M	DATHS DAYS HOURS MIN.	Jan	n 18, 1915	BIRTNPLACE (State or Foreign Country) Y OF DEATN				
СТОВ	VILLA ST.	Michaell	V. + .	Balto							
L DIRE	10e. STATE 10b. COU	NTY	10c gity,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
UNERAL	4800 Setun	Dr.	III ADMED	101. ZIP CODE	15	L	S. A.				
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	13. WAS DECENDENT OF NISP, If yes, specify Cuben, Mexic 1 YES 2 K NO Specific No.	can, Puarto I		Black, White arc. Specify:				
PLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life Do NOT use i	k done during most of working selred.)	166	State o	1 1				
BE COMPL	17. PATHER'S NAME (First, Middle, Lyst)	Ren		18 MOTHER'S N	IAME (First, I	Middle Maiden Sumame)					
70	James	mes	196. MAILING AI	DORESS (Single and Number or Aura Hag Tez	1 .	a. R 1	o, And 21202				
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 R 1 Donation 5 Other (Specify)	amoval from State	PLACE AND DATE OF	DISPOSITION (Name of	17/2	E 20c. LOCATION - CH	An 1 - n				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March Filands Aug Course Aug.										
	23. PART I. Enter the diseases, o shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only one cause on a	LUA	entar the mode of dying, su	ich ss card	diec or respiretory arrea	Approximate interval Between Onset and De				
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	ascular dus	ease		Jears				
MEDICAL CE	PART II. Other significant condit	lons contributing to death b	ut not resulting in	the underlying cause given i	n Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (COTHER:							
ву РНУ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJURY AT	_	SCRIBE HOW INJURY OCCU	RED				
ETED B	3 Suicide 6 Could not 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	et, factory, office	261. LOC City	ATION (Street and Number or or Town, State)	Rural Route Number,				
COMPLE	onel			et the time, data and place, and do							
BE	29b. SIGNATURE AND TITLE OF CERTIF	FIER	AL TR	29c. LICENSE N	UMBER 573	29d. DATE S	SIGNED (Month, Day, Year)				
Ť.	30. NAME AND ADDRESS OF PERSON	who completed cause of de	ATH (ITEM 27) (Type, P)	rint)		Battimes	MP ZIZOS				

DHMH-18 Rev 1/89

